

TIDEWATER JEWISH FOUNDATION, INC.

DONOR ADVISED FUND DISTRIBUTION REQUEST

NAME OF FUND

FUND #

Pursuant to the terms of the Donor Advised Funds which I have established with the Tidewater Jewish Foundation or its Affiliate listed above, I hereby request that you pay the following amounts to the listed tax-exempt organization~501 (c)(3) Status required.

1. Profile #
Organization Name: _____
Organization Address: _____
***Intended Purpose of Gift:**
(required in order to process) _____
Amount of Gift: _____

2. Profile #
Organization Name: _____
Organization Address: _____
***Intended Purpose of Gift:**
(required in order to process) _____
Amount of Gift: _____

3. Profile #
Organization Name: _____
Organization Address: _____
***Intended Purpose of Gift:**
(required in order to process) _____
Amount of Gift: _____

<u>For TJF</u> <u>Use Only</u>
Balance:
\$ _____

\$ _____

Status Verified/ Staff Initials

TJF processes Distributions on Tuesdays. Distribution requests must be received no later than 12 pm on Monday. Those distribution requests submitted after the 12 pm deadline will be processed the following week. Please do not attach enclosures from the organization to which you are designating funds. You may mail such enclosures directly to the organization indicating that the donation will be sent by the Tidewater Jewish Foundation.

The above-suggested distribution(s) does not represent the payment of any pledge or other financial obligation. If any benefits or privileges are offered in connection with such distribution(s), I have not and will not accept them.

Signature of Donor/Advisor *Date*

Signature of TJF CEO/CFO *Date*

Printed Name of Donor/Advisor

Signature of TJF Director/Officer *Date*

Mail or Fax to the Tidewater Jewish Foundation, Inc.
5000 Corporate Woods Drive, Suite 200 ~ Virginia Beach, VA 23462-4370
757-965-6111 ~ 757-965-6102 (fax) ~ www.jewishva.org
Contact Donor Relations/Financial Coordinator with questions