Donor Advised Philanthropic Fund Distribution Recommendation Form

TO: Board of Directors ____Date:_____

Jewish Foundation of Greensboro
5509-C West Friendly Avenue
Greensboro, NC 27410
Fax 888-305-5614

RE: _____
(Name of Fund – Please Print)

I/We hereby recommend that the distribution(s) listed on the bottom of this form be considered for funding.

I/We understand that final judgment rests in the hands of the Board of Directors whose responsibilities include ensuring that all distributions are within the purposes of the Jewish Foundation of Greensboro. The suggested distribution(s) does/do 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/we have not and will not accept them.

_____ _____
(Signature) (Signature)

INSTRUCTIONS

1. List recommended recipients with addresses and recommended amounts for distribution on the spaces provided below. If you need additional space, please use another form.

2. Requests should be for a minimum of $100 and must be a whole dollar amount.

3. We can accept e-mail recommendations only if followed by a signed form prior to distribution.

Agency/Organization, Address (Required)	**Designation** (Optional)	**In honor/In memory of, address REQUIRED to acknowledge**	**Amount** (Required)

Recommendations received will be processed weekly. Checks are distributed shortly thereafter following favorable Board action. Distributions to organizations that have not been previously approved by the Board or are in excess of $10,000 require additional processing time.

FOR OFFICE USE ONLY

FUND NUMBER:_____ DATE RECEIVED:_____

SUFFICIENT FUNDS: Y____/N____ RECIPIENTS QUALIFIED: Y____/N____

CONSIDERATION DATE: _____ DISTRIBUTION DATE: _____