



## FUND DISTRIBUTION FORM

Recommendations are due by the 1<sup>st</sup> and 15<sup>th</sup> of each month and checks are mailed within five business days of the 1<sup>st</sup> and 15<sup>th</sup>.

<b>DATE:</b> _____
<b>FUND Name:</b> _____ (Please Print)
<b>DONOR Name:</b> _____ (Please Print)

I/We recommend that Jewish Long Beach & Alpert JCC pay the following:

<b>RECOMMENDATION 1:</b>	<b>Amount:</b> (Minimum Grant \$50 ~ Increments of \$5) \$ _____
<b>Name of Charitable Organization:</b> _____	
<b>Address:</b> _____	<b>Reference:</b> _____
<b>RECOMMENDATION 2:</b>	<b>Amount:</b> (Minimum Grant \$50 ~ Increments of \$5) \$ _____
<b>Name of Charitable Organization:</b> _____	
<b>Address:</b> _____	<b>Reference:</b> _____
<b>RECOMMENDATION 3:</b>	<b>Amount:</b> (Minimum Grant \$50 ~ Increments of \$5) \$ _____
<b>Name of Charitable Organization:</b> _____	
<b>Address:</b> _____	<b>Reference:</b> _____
<b>RECOMMENDATION 4:</b>	<b>Amount:</b> (Minimum Grant \$50 ~ Increments of \$5) \$ _____
<b>Name of Charitable Organization:</b> _____	
<b>Address:</b> _____	<b>Reference:</b> _____
<b>RECOMMENDATION 5:</b>	<b>Amount:</b> (Minimum Grant \$50 ~ Increments of \$5) \$ _____
<b>Name of Charitable Organization:</b> _____	
<b>Address:</b> _____	<b>Reference:</b> _____

I represent that I have not received, nor will receive, any benefits (i.e. dinners, tickets, etc.) in connection with such distribution.

SIGNATURE OF DONOR \_\_\_\_\_

Supervisor \_\_\_\_\_

**SUBMIT**