



## 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>.

<p><b>DATE:</b> _____</p> <p><b>FUND Name:</b> _____ (Please Print)</p> <p><b>DONOR Name:</b> _____ (Please Print)</p>
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I/We recommend that Jewish Long Beach pay the following:

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

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**