



## 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>.

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|--|
| <p><b>DATE:</b> _____</p> <p><b>FUND Name:</b> _____<br/>(Please Print)</p> <p><b>DONOR Name:</b> _____<br/>(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**