



Donor Advised Fund Suggestion Form

Date: _____

I (we) suggest distribution from the _____
Fund to the following organization(s) in the amount(s) listed below.

Organization <small>(Please include address and phone number if you choose 501 (c)(3) organizations not listed on Grant Request Summary)</small>	Special Instructions <small>(Please indicate if there is a specific project or program, or if you wish to remain anonymous)</small>	Amount <small>(Subject to final spending policy approval)</small>

I acknowledge that the above suggestion(s) does (do) not represent the payment of any pledge or other financial obligation, nor do I, or my appointees, or any related parties expect any personal benefit from this charitable distribution.

(Signature) (Printed Name)

(Signature) (Printed Name)

(Address) (Zip Code) (Phone Number)

The Board of Trustees has final authority over all distributions. Should the Board have any questions about your suggestion(s), a member of our staff will contact you.

Please return this form to the Community Foundation of the Holland/Zeeland Area and keep a copy for your files. A notification letter will be sent to the recipient(s) following our approval of your request and a check will be mailed upon the organization's completion of any condition(s) for receiving grants.