JEWISH COMMUNITY FOUNDATION
We Gaurantee a Jewish Tomorrow OF ORANGE COUNTY

CONFIDENTIAL **DONOR REQUEST FORM** CONFIDENTIAL

Date: _____ My Phone: _____

Fund Name: _____
Check One ( ) Philanthropic Fund ( ) Endowment Fund

The undersigned certifies that distribution will not be utilized to : (a) discharge or satisfy a legally enforceable obligation or personal pledge; (b) pay for goods or services received or to be received by donor (e.g. scrip or dinner tickets); or (c) pay dues of donor or members of his or her family to any religious, charitable, or educational organization. Synagogue dues are acceptable.

Signed:_____ Print Name: _____

Address: _____

	I hereby recommend allocations be made to the following 501(c)(3) charitable organizations: (Please print)
1.	Amount: $_____(Minimum: $100.00) Attention of: _____ Organization Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Purpose of this allocation: _____
2.	Amount: $_____(Minimum: $100.00) Attention of: _____ Organization Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Purpose of this allocation: _____
3.	Amount: $_____(Minimum: $100.00) Attention of: _____ Organization Name: _____ Address: _____ City, State, Zip: _____ Phone: _____ Purpose of this allocation: _____

Approved: _____ Approved: _____
Community Foundation Board Member Community Foundation Staff