

COMMUNITY FOUNDATION

of the Jewish Federation of Orange County
1 Federation Way, Suite 210 • Irvine, CA 92603 • (949) 435-3490 • Fax (949) 435-3499

CONFIDENTIAL

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DONOR REQUEST FORM

Date: _____ My Phone: _____

Fund Name: _____

Check One Philanthropic Fund (B) Endowment Fund (A)

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: \$ _____

Organization Name: _____

Attention of: _____

Address: _____

City, State, Zip: _____ Phone: _____

Purpose of this allocation: _____

2. Amount: \$ _____

Organization Name: _____

Attention of: _____

Address: _____

City, State, Zip: _____ Phone: _____

Purpose of this allocation: _____

3. Amount: \$ _____

Organization Name: _____

Attention of: _____

Address: _____

City, State, Zip: _____ Phone: _____

Purpose of this allocation: _____

Approved: _____
Community Foundation Board Member

Approved: _____
Community Foundation Staff