JEWISH COMMUNITY FOUNDATION
We Gaurantee a Jewish Tomorrow OF ORANGE COUNTY

CONFIDENTIAL **_DONOR/TRIBUTE 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: _____

Tribute In _____ of _____
(Memory/Honor) (Honoree Name)

Send Notification To: _____
(Your Personal Address Will Appear at the Bottom of the Tribute page)

2.

Amount: $_____(Minimum: $100.00) Attention of: _____

Organization Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Purpose of this allocation: _____

Tribute In _____ of _____
(Memory/Honor) (Honoree Name)

Send Notification To: _____
(Your Personal Address Will Appear at the Bottom of the Tribute page)

3.

Amount: $_____(Minimum: $100.00) Attention of: _____

Organization Name: _____

Address: _____

City, State, Zip: _____ Phone: _____

Purpose of this allocation: _____

Tribute In _____ of _____
(Memory/Honor) (Honoree Name)

Send Notification To: _____
(Your Personal Address Will Appear at the Bottom of the Tribute page)

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