



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