

**JEFFERSON COMMUNITY FOUNDATION
DONOR ADVISED FUND**

DISTRIBUTION REQUEST FORM

For Foundation Board use only <input type="checkbox"/> Approved <input type="checkbox"/> Denied Date _____

Donor Advised Fund Name | _____

Account Holder | _____

Address | _____

Phone Number (including area code) | _____

I acknowledge that I will receive no private benefit from this distribution.

Authorized signature | _____ | Date | _____

- Please review the original application to be sure your request conforms to the stated purpose of this Distribution Request before completing this form.
- Please type or print legibly, providing as much information as possible
- Distributions must be at least \$100.
- Grand distributions must be sent by the Foundation office directly to the recipient.
- The Board of Directors of the Jefferson Community Foundation, which usually meets on the second Tuesday of each month, must approve grant requests
- Grant requests must be submitted using a Distribution Request Form. Four to six weeks should be allowed for distribution.

REQUEST

Purpose of distribution: | _____

Recipient Name: | _____

Address: | _____

City: | _____ | State: | _____ | Zip code: | _____

Phone: | _____

Amount of distribution: | _____

If this is for payment of a bill, please attach documentation.