JEFFERSON COMMUNITY FOUNDATION
DONOR ADVISED FUND

Print | Submit Form to JCF

DISTRIBUTION REQUEST FORM

Donor Advised Fund Name

Account Holder

Address

Phone Number (including area code)

Signature ☐ I Accept Date

By selecting the "I Accept" button, you are signing this Agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this Agreement. By selecting "I Accept" using any device, means or action, you consent to the legally binding terms and conditions of this Agreement. You further agree that your signature on this document is as valid as if you signed the document in writing. You also agree that no certification authority or other third party verification is necessary to validate your signature, and that the lack of such certification or third party verification will not in any way affect the enforceability of your signature or any resulting agreement between you and the Jefferson Community Foundation.

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

- 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.

JEFFERSON COMMUNITY FOUNDATION, PO Box 81, Jefferson WI 53549