Donor Advised Fund

Distribution Recommendation

Date _____

I recommend distribution of $_____ from _____ Fund.
( ) Check if you wish to remain anonymous. Name of Fund

To: _____
Organization

_____
Street Address

_____
City State Zip Code

Please make this distribution ( ) as soon as possible ( ) on _____
Date

_____
Special Instructions
_____

_____
Please Print Your Name

_____
Your Signature

Note: The Community Foundation is required to ascertain the charitable status of all grant recipients. Checks will not be issued until we received a copy of the charity's 501(c)(3) IRS designation or other appropriate documentation. Checks are processed weekly.

Reminder: Pledges may not be paid from a Donor Advised Fund.

Send this distribution recommendation form to
Illinois Prairie Community Foundation
202 N Prospect Rd Suite 205
Bloomington IL 61704-3555

For Office Use Only:	(Bank – Bear Stearns)
_____	_____
Date Approved	Approved By Treas.
_____	_____
Account	Class