



**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 OR () on _____
Date

Special Instructions: _____

Please Print Your Name

Signature

Note: The Community Foundation is required to ascertain the charitable status of all grant recipients. Checks will not be issued until we verify 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
915 E Washington St, Suite 2
Bloomington, IL 61701

For Office Use Only:	
_____	_____
Date Approved	Approved By