



**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: IRS Regulations prohibit distributions from Donor Advised Funds for the following: 1) grants from which donor, donor's immediate family, advisor or related party derive a personal benefit, 2) pledges, 3) grants to individuals, 4) expense reimbursements, 5) membership dues or 6) tickets for dinners/events.**

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