



Connecting people who care with causes that matter.

DONOR ADVISED DISTRIBUTION REQUEST FORM

According to the Terms of the _____ Advised Fund which has been established at the Grand Island Community Foundation and as an Advisor to that Fund, I hereby suggest that you pay from the Fund the following amounts to the following organization(s):

Amount	Organization/Tax ID# (Name, Contact Person, Address)	Specific Project/Program (Brief Description)
1. _____	_____	_____
	_____	_____
	_____	_____
2. _____	_____	_____
	_____	_____
	_____	_____
3. _____	_____	_____
	_____	_____
	_____	_____

Please note any special suggestions or advice: _____

- I confirm that the above suggested distribution does not represent the payment of any pledge or other financial obligation.
- I recognize that this suggestion is not binding upon the Board of Directors and that any funds will be allocated by the Board in accordance with the Foundation's regular procedures.
- I desire that this gift remain anonymous.
- This is a one-time gift.
- I wish to make a recurring gift with the following instructions: _____

Signature _____
Date