



Fund Distribution Request

This *signed* form must be submitted via email or postal mail for all requested distributions.

Name of Donor Advised Fund: _____

As the Advisor to the above-referenced Fund, I recommend that the M&M Area Community Foundation consider the following grant:

Recipient Organization: _____

Recipient Address: _____
(Street)

(City) (State) (Zip)

Contact Name: _____ Phone: _____

Grant Amount: _____

Purpose: (please check)

- General Operating Support
- Capital Contribution
- Specific Program/Other _____

Special Instructions (if any): _____

I understand that this recommendation is advisory only and that final authority rests with the M&M Area Community Foundation, whose authority it is to ensure that all grants are made for charitable purposes consistent with Internal Revenue Service guidelines and within the mission of the MMACF.

I attest that the recommendation above does not represent payment of a pledge or other personal financial obligation on behalf of the representative's donors, advisors, family members, or related parties and businesses they control, and that no tangible benefit, goods or services, such as membership, dinners, tickets, etc. were or will be received by any individual or entities connected with the Fund.

Signature: _____ Date: _____

Printed Name: _____