



**The Jewish Community  
Foundation of  
Central New York, Inc.**

5655 Thompson Rd  
Dewitt, NY 13214  
(315) 445-2040 ext 130 Fax (315) 234-4350

**DONOR ADVISED FUND**

FUND NAME: \_\_\_\_\_

**DONATION FORM**

I am making the following donation to my fund. Check enclosed for \$ \_\_\_\_\_

**DISTRIBUTION SUGGESTION FORM**

I suggest that The Jewish Community Foundation of Central New York review and approve the following distribution(s) from the above fund. I understand that the final judgement rests in the hands of The Jewish Community Foundation, whose charge it is to ensure that all distributions meet the regulations of the Internal Revenue Code and are compatible with the policies and purposes of The Jewish Community Foundation. I certify that these recommendations do not represent the payment of any legally enforceable pledge or obligation, and that I will not receive any goods, services , or non-tax deductible membership benefits.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

***Name and Address of Recipient Organization  
of Gift***

***Suggested Amount***

*(minimum \$100)*

1)  
\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Instructions for donation to a specific program in this organization: \_\_\_\_\_

2)  
\_\_\_\_\_

\$ \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Instructions for donation to a specific program in this

organization:: \_\_\_\_\_

***Donor Advised Fund :***

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3). \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructions for donation to a specific program in this organization:: \_\_\_\_\_

4). \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructions for donation to a specific program in this organization:: \_\_\_\_\_

5). \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructions for donation to a specific program in this organization:: \_\_\_\_\_

6). \_\_\_\_\_ \$ \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Instructions for donation to a specific program in this organization:: \_\_\_\_\_