Donor Suggestion Form

Please submit this request to the Foundation by the 28th of the month for checks to be issued the first day of the following month. Contributions will be sent directly to the organization indicated, unless otherwise noted on this form.

I suggest distribution(s) from _____
Name of Fund

to the following organization(s) in the amount(s) listed below: □ *I would like this to be an anonymous gift.*

Organization	Address	Purpose/Special Instructions	Amount

I understand that this recommendation, in accordance with IRS regulations covering charitable contributions, **will not be used for the following purposes**:

- ~ to fulfill a personal pledge made to a nonprofit or educational institution
- ~ to support a political campaign
- ~ to purchase raffle tickets
- ~ t o pay for a membership, dinner, or any other activity that provides a benefit to the donor (benefits must be paid for by the donor personally, not from the fund).
- ~ t o pay for personal expenses incurred by a relative, including tuition
- ~ t o provide any other substantial private benefit to any individual.

_____
Signature Date

Distribution(s) approved by the Hamilton Community Foundation Board of Trustees on

_____, 20_____.

_____
President/CEO

Approved by Executive Committee:
_____ Chair
_____ Vice Chair
_____ Trustee
Date_____

Email to **mail@hamiltonfoundation.org** or mail to:
Hamilton Community Foundation ▪ 319 North Third Street ▪ Hamilton, Ohio 45011
(513) 863-1717 ▪ FAX (513) 863-2868