



DONOR SUGGESTION FORM

I / We suggest a distribution totaling \$_____

from the _____ Advised Fund

to the following organization(s) in the amount(s) listed below:

Organization Name	Amount
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____
8. _____	\$ _____

By checking this box, 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**. I also acknowledge that the above recommendations must receive approval of the Board of Directors of The Community Foundation for the Greater Capital Region.

Name: _____ Date: _____

Address: _____