

**Name of Fund\* :**

**Date\*:** mm/dd/yyyy

Pursuant to the terms of the Donor Advised Fund that was established with the Delaware Community Foundation, it is hereby requested that you distribute the following amounts to the following organization(s):

**Name of Organization:**

**Amount (\$)**

**Purpose:**

*If left blank, Unrestricted Support will be used.*

**Distribution method (choose one)**

Send check to organization

Send check to me

I want this grant to be anonymous

**Name of Organization:**

**Amount (\$)**

**Purpose:**

*If left blank, Unrestricted Support will be used.*

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Send check to organization

Send check to me

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**Name of Organization:**

**Amount (\$)**

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**Distribution method (choose one)**

Send check to organization

Send check to me

I want this grant to be anonymous

**TOTAL \$**

**ACKNOWLEDGEMENT\***

Entering my name below represents my legal signature and indicates that I have read and understand the following:

*I understand that Delaware Community Foundation staff will conduct an independent investigation of each organization listed and submit their findings to the Foundation's Board of Directors for final approval. The distribution suggested does not represent the payment of any pledge or financial obligation on my part.*

**Full Name\***

**Title**

**SUBMIT NOW**

Should you prefer another method, you may complete and return this form to Calisa Emerson:

**Fax:** (302) 571-1553 **Scan & Email:** [cremerson@delcf.org](mailto:cremerson@delcf.org)

**Mail:** P.O. Box 1636, Wilmington, DE 19899-1636