

# COMMUNITY FOUNDATION

OF THE FOX RIVER VALLEY



111 West Downer Place, Suite 312 • Aurora, Illinois 60506  
www.CommunityFoundationFRV.org • 630-896-7800

## DISTRIBUTION SUGGESTION FORM FOR RESTRICTED FUNDS

Name of Fund \_\_\_\_\_

<b>Organization/Individual</b>	_____
<b>Amount</b>	_____
<b>Purpose/Reason</b>	_____ _____
<i>Mail Check To:</i>	
<b>Attention</b> (optional)	_____
<b>Mailing Address</b>	_____ _____
<b>City, State, Zip</b>	_____

<b>Organization/Individual</b>	_____
<b>Amount</b>	_____
<b>Purpose/Reason</b>	_____ _____
<i>Mail Check To:</i>	
<b>Attention</b> (optional)	_____
<b>Mailing Address</b>	_____ _____
<b>City, State, Zip</b>	_____

My/our signature signifies my/our understanding and acceptance of the following regulations adopted into law by the United States Congress on August 17, 2006. In compliance with the Pension Protection Act of 2006, I/we do not intend by this grant suggestion to limit in any way the legal power given to the Community Foundation of the Fox River Valley in its Articles of Incorporation and all amendments thereof or in its By-Laws. Nor is this grant suggestion being made to satisfy a binding pledge or to provide me/us or any other individual associated with the above fund with any goods or services including, but not limited to, tuition, memberships, benefit tickets or merchandise.

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Print Title \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please mail this form to the above address or fax it to (630) 896-7811