

COMMUNITY FOUNDATION OF THE FOX RIVER VALLEY



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DISTRIBUTION SUGGESTION FORM FOR RESTRICTED FUNDS

Name of Fund _____

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

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

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 Geneva address above or fax it to (331) 208-9430