

The Community Foundation San Luis Obispo County
550 Dana Street
San Luis Obispo, CA 93401
(805) 543-2323 (805) 543-2346 Fax

Donor Suggestion Form

Date: _____

I recommend that the Board of Directors of The Community Foundation San Luis Obispo County disburse, from the _____ Fund, a contribution to the following organization:

Is this a transfer from your fund to another Community Foundation fund? (circle one) Yes No
 If yes, please specify the name of the fund you are transferring to: _____

If not transferring to another Community Foundation fund, please complete:

Organization Name: _____

Contact Name: _____

Organization's Mailing Address: _____

Recommendation Amount: \$ _____ Unrestricted (circle one): Yes No

Special Instructions/Restrictions: _____

(Please note that the Foundation's internal review/approval process takes approximately one week)

I acknowledge that the above suggestions do not represent the payment of any pledge or other personal financial obligations on behalf of the donors, advisors, family members and businesses they control; nor does the undersigned expect any personal benefits from this charitable distribution.

 Donor Signature

 Date

 Donor Name (print)

 Phone Number

 Donor Address

<p style="text-align: center;">For Office Use Only</p> <p> <input type="checkbox"/> <i>Endowed</i> <input type="checkbox"/> <i>Quasi-Endowed</i> <input type="checkbox"/> <i>Non-endowed</i> </p> <p>Available to Spend: \$ _____</p> <p>Total Fund Balance \$ _____</p> <ul style="list-style-type: none"> • Reviewed by Director of Finance & Administration _____ • Reviewed by Director of Grants & Programs _____ • Approved by Chief Executive Officer _____ <p>Program Staff: Date entered in FIMS/posted to A/P _____</p>	<p>Fund ID: _____</p> <p>Grant # _____</p> <p>IF#: _____</p> <p>Program Code _____</p> <p>Status Code: 2001</p> <p>501(c)(3) verified _____</p> <p>Expenditure Responsibility _____</p> <p>OK to Pay _____</p>
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