

The Community Foundation San Luis Obispo County

550 Dana Street

San Luis Obispo, CA 93401

For Questions or Assistance Please Contact John Neylan at

Email: john@cfsloco.org

Phone: (805) 543-2323

Fax: (805) 543-2346

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: _____

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 Email Address

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