The Community Foundation San Luis Obispo County
550 Dana Street
San Luis Obispo, CA 93401
Email: len@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

☐ *Endowed* ☐ *Quasi-Endowed* ☐ *Non-endowed*

Available to Spend: $ _____

Total Fund Balance $ _____

- *Reviewed by* **Grants Manager** _____
- *Reviewed by* **Director of Finance & Administration** _____
- *Approved by* **Chief Executive Officer** _____

Program Staff: Date entered in FIMS/posted to A/P _____

Fund ID _____
Grant # _____
IF# _____
Program Code _____
Status Code _____
501(c)(3) verified _____
Expenditure Responsibility _____
OK to Pay _____