

The Community Foundation San Luis Obispo County

550 Dana Street

San Luis Obispo, CA 93401

For Questions or Assistance Please Contact CeeCee Mazelin at

Email: Cecelia@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? 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: 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 Director of Finance & Administration* _____
- *Reviewed by Director of Grants & Programs* _____
- *Approved by Chief Executive Officer* _____

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

Fund ID: _____

Grant # _____

IF#: _____

Program Code _____

Status Code: 2001

501(c)(3) verified _____

Expenditure Responsibility _____

OK to Pay _____