

**The Community Foundation San Luis Obispo County**

**550 Dana Street**

**San Luis Obispo, CA 93401**

For Questions or Assistance Please Contact CeeCee Mazelin at

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## 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

<b>For Office Use Only</b>			<b>Fund ID:</b> _____
<input type="checkbox"/> <b>Endowed</b>	<input type="checkbox"/> <b>Quasi-Endowed</b>	<input type="checkbox"/> <b>Non-endowed</b>	<b>Grant #:</b> _____
<b>Available to Spend:</b> \$ _____			<b>IF#:</b> _____
<b>Total Fund Balance</b> \$ _____			<b>Program Area:</b> _____
• <b>Reviewed by Director of Grants &amp; Programs:</b> _____			<b>Status Code:</b> <u>2001</u>
• <b>Reviewed by Director of Finance &amp; Administration:</b> _____			<b>501(c)(3) verified:</b> _____
• <b>Approved by Chief Executive Officer:</b> _____			<b>Expenditure Responsibility:</b> _____
<b>Program Staff: Date entered in FIMS:</b> _____ <b>Date posted to A/P:</b> _____			<b>Batch:</b> _____ <b>Ok to Pay:</b> _____