

SAN LUIS OBISPO COUNTY COMMUNITY FOUNDATION
1401 HIGUERA STREET, P.O. BOX 1580
SAN LUIS OBISPO, CA 93406
(805) 543-2323 (805) 543-2346 FAX

Donor Suggestion Form

Date: _____

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

Contact Name: _____

Organization Name: _____

Recommendation Amount: _____

Organization's Mailing Address: _____

Unrestricted: Yes _____ No _____

Special Instructions/Restrictions: _____

Priority: ASAP ____ Next Check Period ____ No Preference ____ Other ____

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's Name (print) _____ Date _____

Donor's Signature

Donor's Address _____ Phone Number _____

For Office Use Only

- Available to Spend \$ _____
- Total Fund Balance \$ _____
- Reviewed by **Finance Manager** _____ Approved by **Executive Director** _____
- Program Code _____ Reviewed by **Program Director** _____ 501(c)(3) verification _____ Status Code: 2003
- Program Staff:** Entered in FIMS _____ Posted to FIMS AP _____