



## DISTRIBUTION RECOMMENDATION FORM Charitable Fund

Name of Advisor(s) requesting distribution: \_\_\_\_\_  
\_\_\_\_\_

Name of Fund: \_\_\_\_\_

Pursuant to the terms of the above-referenced Named Fund which I have established at The Catholic Foundation of Greater Philadelphia, I would like to recommend that the income and/or principal available for distribution from such Fund be distributed for the following charitable purpose, in the following amount. This recommendation is not being made to satisfy a pledge or some other legal obligation, and I certify that I have not and will not accept any benefits or privileges offered in connection with such distribution.

Name of Contact to whom check should be sent:

\_\_\_\_\_

Address to mail check: \_\_\_\_\_  
\_\_\_\_\_

Designated Use by Organization:

Amount: \$ \_\_\_\_\_

Please include an attachment with meeting minutes or other necessary documentation approving this request.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Mail, fax, or email this form to The Catholic Foundation of Greater Philadelphia  
2133 Arch Street, Suite 400 | Philadelphia, PA 19103  
Fax: 267-838-9574 | E-mail: [funds@theCFGF.org](mailto:funds@theCFGF.org)

