



DISTRIBUTION RECOMMENDATION FORM

Donor-Advised 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 distributions from such Fund be distributed to the following organizations or for the following charitable purposes, in the following amount. None of the following recommendations are 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 distributions.

All organizations must be a 501(c)(3) and Catholic to be eligible for a distribution.

Recommendation #1

Organization Name: _____

Organization Contact Name, if applicable: _____

Organization Address: _____

Tax ID#: _____ 501(c)(3): ☐ Yes ☐ No Catholic: ☐ Yes ☐ No

Designated Use by Organization:

Amount: \$ _____

Would you like your contact information shared with the benefitting organization? ☐ Yes ☐ No

Can CFGP mention your Fund name when promoting this grant in communications? ☐ Yes ☐ No

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



Recommendation #2

Organization Name: _____

Organization Contact Name, if applicable: _____

Organization Address: _____

Tax ID#: _____ 501c)(3): ☐ Yes ☐ No Catholic: ☐ Yes ☐ No

Designated Use by Organization:

Amount: \$ _____

Would you like your contact information shared with the benefitting organization? ☐ Yes ☐ No

Can CFGP mention your Fund name when promoting this grant in communications? ☐ Yes ☐ No

Recommendation #3

Organization Name: _____

Organization Contact Name, if applicable: _____

Organization Address: _____

Tax ID#: _____ 501c)(3): ☐ Yes ☐ No Catholic: ☐ Yes ☐ No

Designated Use by Organization:

Amount: \$ _____

Would you like your contact information shared with the benefitting organization? ☐ Yes ☐ No

Can CFGP mention your Fund name when promoting this grant in communications? ☐ Yes ☐ No

Signature: _____ Date: _____

Signature: _____ Date: _____

Recommendation #4

Organization Name: _____

Organization Contact Name, if applicable: _____

Organization Address: _____

Tax ID#: _____ 501c)(3): ☐ Yes ☐ No Catholic: ☐ Yes ☐ No

Designated Use by Organization:

Amount: \$ _____

Would you like your contact information shared with the benefitting organization? ☐ Yes ☐ No

Can CFGP mention your Fund name when promoting this grant in communications? ☐ Yes ☐ No

Recommendation #5

Organization Name: _____

Organization Contact Name, if applicable: _____

Organization Address: _____

Tax ID#: _____ 501c)(3): ☐ Yes ☐ No Catholic: ☐ Yes ☐ No

Designated Use by Organization:

Amount: \$ _____

Would you like your contact information shared with the benefitting organization? ☐ Yes ☐ No

Can CFGP mention your Fund name when promoting this grant in communications? ☐ Yes ☐ No

Signature: _____ Date: _____

Signature: _____ Date: _____