



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

Please note: a CFGP team member will reach out to acquire verbal confirmation of this distribution form before it can be processed.

