



**KEARNEY AREA  
COMMUNITY  
FOUNDATION**

2908 39<sup>th</sup> Street, Suite A                      Kearney, NE 68845

308-237-3114

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**DONOR ADVISED DISTRIBUTION REQUEST FORM**

According to the Terms of the \_\_\_\_\_ Advised Fund which has been established at the Kearney Area Community Foundation and as an Advisor to that Fund, I hereby suggest that you pay from the Fund the following amounts to the following organization(s):

Amount	Organization (Name, Contact Person, Address)	Specific Project/Program (Brief Description)
1. _____	_____ _____	_____ _____ _____
2. _____	_____ _____	_____ _____ _____
3. _____	_____ _____	_____ _____ _____

Please note any special suggestions or advice: \_\_\_\_\_

\_\_\_ I confirm that this gift is only a donation and DOES NOT have any benefit to me, my family, business or organization. (Required)

\_\_\_ I recognize that this suggestion is not binding upon the Board of Directors and that any funds will be allocated by the Board in accordance with the Foundation’s regular procedures. (Required)

\_\_\_ I desire that this gift remain anonymous.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date