



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