

DONOR ADVISED DESIRED FUNDING REQUEST



www.phelpsfoundation.org

According to the terms of the advised fund which I have established at the Phelps County Community Foundation, I hereby suggest that you pay from the fund the following amounts to the following organizations.

504 4th Avenue
Holdrege, NE 68949
Phone 308.995.6847
Fax 308.995.2146

Amount	Organization
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____
\$ _____	_____

PCCF OFFICE USE ONLY		
Grant #:	Check #:	501c3 verified
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>
_____	_____	<input type="checkbox"/>

Please note any special suggestions or advice:

The above suggested distribution does not represent the payment of any pledge or other financial obligation.

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.

Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

PCCF OFFICE USE ONLY	
PCCF Fund Name:	_____
PCCF Board Date:	_____
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied



Confirmed in Compliance with National Standards for U.S. Community Foundations