

1 FUND NAME

	#	
Name of Donor Advised Fund (i.e., Smith Family Donor Advised Fund)		Donor Advised Fund Number

2 CHARITY INFORMATION

By checking this box, I request that you keep this distribution anonymous.

CHARITY

Name

Tax ID Number

\$ _____
Amount

Address

City State Zip

Special Instructions

CHARITY

Name

Tax ID Number

\$ _____
Amount

Address

City State Zip

Special Instructions

3 CERTIFICATION AND SIGNATURE(S)

If required by the fund document, all advisors must sign. To complete your distribution, the following statements must be true, and certified by checking each box.

I/we hereby certify the following:

- To the best of my/our knowledge, the named ministries/charities are a 501(c)(3) organization, qualified church, or private operating foundation. I/we understand AG Foundation will independently verify the charitable status and that further documentation may be required for such verification; and
- This distribution will not directly or indirectly benefit the donor(s), the advisor(s), or any of their immediate family members.

By signing below, I/we request the distribution to the charity as instructed above.

Advisor Signature	Printed Name	Date
Advisor Signature (if required)	Printed Name	Date

FOR OFFICE USE ONLY

Charities & Compliance Verified by: _____	Date: _____
Approved by: _____	Date: _____