

## 1 FUND NAME

	#	
Name of Donor Advised Fund ( <i>i.e., Smith Family Donor Advised Fund</i> )		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 and Compliance Verified by: _____	Date: _____
Approved by: _____	Date: _____