

SCOTT COUNTY COMMUNITY FOUNDATION
NONPROFIT FUND SUGGESTION FORM

Date: _____

We request that \$ _____ be distributed to NAME OF NONPROFIT.

We acknowledge that the above suggestions do not represent the payment of any contractual pledges or other financial obligations, nor does the undersigned expect any personal benefit from this charitable distribution. This distribution meets the criteria designated at the time the fund agreement was established.

Board Chair or Treasurer

CEO/Executive Director

Date _____

Date _____

Should the Board of Directors have any questions about your suggestion(s), you will be contacted by a member of the Community Foundation's staff.

Please return form to the Community Foundation. A notification letter and check will be sent to the recipient(s) following approval of your request. You will be notified after the distributions are made, if you request.

Due to the size and staff of our Foundation, we have implemented the policy of processing and mailing checks within 30 days of receiving your suggestion form.

Scott County Community Foundation, Inc.
60 N. Main Street
P.O. Box 25
Scottsburg, IN 47170
Phone 812-752-2057 Fax 812-752-9257

Office Use Only

Recommendation: Approved Denied Board Approval Date: _____

Amount Approved: \$ _____ Check Date: _____ Check No.: _____

Notes: