

**SCOTT COUNTY COMMUNITY FOUNDATION**  
**DONOR SUGGESTION FORM**

Date: \_\_\_\_\_

I suggest a distribution from \_\_\_\_\_ to the  
(name of fund)

following organization(s) in the amount(s) listed:

| <b>ORGANIZATION/ADDRESS</b> | <b>SPECIAL INSTRUCTIONS</b> | <b>AMOUNT</b> |
|-----------------------------|-----------------------------|---------------|
|-----------------------------|-----------------------------|---------------|

I 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.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Telephone

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 thirty days of receiving your donor 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**