

Donor Suggestion Form

Date: _____

I suggest distribution(s) from the _____ Fund
to the following organization(s) in the amount(s) listed below:

Organization	Special Instructions	Amount
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____

I acknowledge that payment of the grant(s) suggested above will not satisfy any pledge or other financial obligation and will not result in benefit (such as membership, tickets, dinners, merchandise, services, etc.) to any private person.

Signature: _____

Printed Name: _____ Phone: _____

Please return one copy to the Wichita Community Foundation and retain one for your files. If the WCF Board approves this request, a notification letter and check will be sent to the recipient(s).

Please submit grant suggestions to WCF by the 9th day of the month for disbursement on the 15th. Suggestions received after the 9th of the month will be paid on the 15th day of the following month.