



Donor Advised Fund Distribution Request Form

Date: _____

Hutchinson Community Foundation
PO Box 298
Hutchinson, Kansas 67504-0298

(Fund Name)

Pursuant to the terms of the Donor Advised Fund established at the Hutchinson Community Foundation, I hereby request that you pay out of the fund referenced above the following amounts to the following organizations:

I understand this is a recommendation only, not a direction. The requested distribution does not represent the payment of any pledge or other personal financial obligation and no tangible benefit, goods, or services were received by any individuals or entities connected with the above mentioned Donor Advised Fund as a result of this distribution. Should the Distribution Committee have any questions about the above request(s), you will be contacted by Foundation staff.

Signed _____

Address _____

Please return one copy to the Hutchinson Community Foundation, retain a copy for your files. A notification letter and check will be sent to the recipient(s) following approval of your request by the Distribution Committee. Generally, *unless otherwise requested*, distributions will be made between the 1st and 15th of the month following the month in which the request was made.