Donor Advised Fund Distribution Request

Date:			
To: Southern Baptists of T 4025 Woodland Park Blvd Arlington, TX 76013			
Re: (Name of Donor Advis	sed Fund)		
I (we) make the following	requests from ac	count # fo	or outright distributions as follows:
Charity Name:			
Address:		C44	
City:		State:	Zip:
Purpose:			1 <u></u>
			Ongoing distribution □
Charity Name:			
Address:		Ct. A	
City:		State:	Zip:
Purpose:			
Amount to be distributed:			Ongoing distribution
Charity Name			
Address:		C) A	
City:		State:	Zip:
Purpose:			
		One time distribution:	Ongoing distribution
Charity Name:			
Address:			
City:		State:	Zip:
Purpose:			
Amount to be distributed:			Ongoing distribution □
` /	ds or services i		edges or other personal liabilities, Also, lential distributions. Thank you for your
Signature		Signature	
	For Internal Foundation Use:		
	Approved	Disapproved	l
	Authorized Sig		Date