



Donor Advised Fund Distribution Request

Date: _____

To: Southern Baptists of Texas Foundation
4025 Woodland Park Blvd., Suite 380
Arlington, TX 76013

Re: (Name of Donor Advised Fund) _____

I (we) make the following requests from account # _____ for outright distributions as follows:

Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Purpose: _____
Amount to be distributed: _____ One time distribution Ongoing distribution Anonymous

Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Purpose: _____
Amount to be distributed: _____ One time distribution Ongoing distribution Anonymous

Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Purpose: _____
Amount to be distributed: _____ One time distribution Ongoing distribution Anonymous

Charity Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Purpose: _____
Amount to be distributed: _____ One time distribution Ongoing distribution Anonymous

I (we) understand that these requests are not to fulfill any personal pledges or other personal liabilities. Also, I (we) will receive no goods or services in exchange for these potential distributions. Thank you for your consideration with these requests.

Signature

Signature

<u>For Internal Foundation Use:</u>	
Approved _____	Disapproved _____
_____ Authorized Signature	_____ Date