



United Methodist
FOUNDATION
Of Indiana

Donor Advised Fund Distribution Recommendation For Charitable Purposes

Instructions:

1. Please print and provide complete information.
2. Please mail this form to: UMFI, 8401 Fishers Center Drive, Fishers, IN 46038 or fax it to (317)788-0089.

Account name: _____ Account Number: _____

It is my (our) recommendation that the following distribution be made from the above named Fund:

Name and address of recommended recipient: _____

Name _____

Address _____

City, St, Zip _____

To attention of: _____

Recipient's Federal Identification Number _____ - _____

Phone number (_____) _____

Recommended gift amount \$ _____

Gift to be used for: _____

**Check here if
the gift is to be
anonymous**

- I acknowledge that I have read the Charitable Gift Fund Program Guidelines.
- I hereby certify that neither I nor anyone related to me will receive any benefit from this grant.
- I hereby certify I am not using this grant to pay for membership fees, dues, tuition, goods bought at an auction, etc.
- I hereby certify I am not using this grant to fulfill pre-existing pledge.
- I understand that this grant does not entitle me to a charitable deduction, because I was eligible for a deduction at the time of my contribution(s) to the Donor Advised Fund. I will disregard any tax receipt I may receive from the recommended charity.
- The minimum distribution amount is \$50.

Signature of Donor 1

Signature of Donor 2

Date

Recommended gift approved:

President
United Methodist Foundation of Indiana

Date