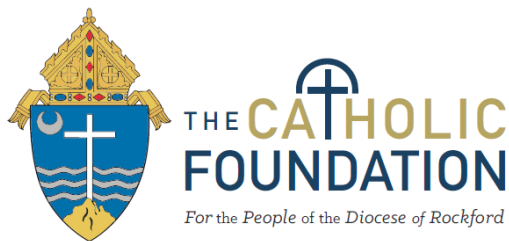


# Donor Advised Fund Distribution Request

Please use this form to make a Retained Earnings withdrawal. Questions, call 815-399-4300. Please mail or fax to 815-399-5657.



Date \_\_\_\_\_

DAF Name \_\_\_\_\_

The Catholic Foundation  
PO Box 7044  
Rockford, IL 61125-7044

DAF Type  Endowed  Provisional

According to the purpose of my (our) agreement I (we) advise you to pay out the following amounts to the charities indicated:

***(In any calendar year, at least 50% of the retained earnings distributed from any DAF must be designated to entity(s) of the Diocese of Rockford. The remainder of 50% or less of grant(s) may be distributed to any qualified Section 501(c)(3) charity that does not violate the Catholic Values Investment Policy of the Diocese of Rockford)***

## Please Distribute To:

1

Name of Charity \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Amount Requested \$ \_\_\_\_\_

2

Name of Charity \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Amount Requested \$ \_\_\_\_\_

3

Name of Charity \_\_\_\_\_  
Complete Address \_\_\_\_\_  
Amount Requested \$ \_\_\_\_\_

\_\_\_\_\_  
DAF Advisor Signature

\_\_\_\_\_  
Date

Office Use Only	
-----------------	--