



Jewish Federation of Greater Nashville

THE JEWISH FOUNDATION OF NASHVILLE RECOMMENDATION

_____ (Date)

The Jewish Foundation of Nashville
Jewish Federation of Nashville
801 Percy Warner Blvd.
Nashville, TN 37205
Fax: 615-352-0056

_____ (Name of Philanthropic or Donor Advised Fund)

Dear Advisory Committee on Distributions:

Pursuant to the terms of the above-named Philanthropic/Donor Advised Fund established at the Jewish Federation of Nashville, I hereby recommend that you pay the following amount to the following organization*:

MINIMUM DISTRIBUTION AMOUNT IS \$100.00

Name of Agency:

Purpose: _____

Address: _____

Amount: \$ _____

Printed Amount: _____

<u>For Office Use Only</u>
Category _____
Approval/Review:
<input type="checkbox"/> ACD/Committee
Processing Date

The above-suggested distribution does not represent the payment or satisfaction of any pledge or other legally enforceable obligation and is not made for lobbying purposes or to support a political campaign. If any benefits or privileges are offered in connection with such distribution, I have not and will not accept them.

Signed: _____

Print Name: _____ Phone: _____

**All recipient organizations must meet IRS classification as a non-profit 501(c)(3) organization.*