



JEWISH COMMUNITY FOUNDATION ORANGE COUNTY
 1 Federation Way, Suite 210, Irvine, CA 92603-0174
 (949) 435-3490 • Fax (949) 435-3499
 www.jcfoc.org

CONFIDENTIAL DONOR REQUEST FORM CONFIDENTIAL

Date: _____ Donor Phone: _____

Donor Email: _____

Donor Address: _____

Fund Name: _____

Check One : () Philanthropic Fund () Endowment Fund

The undersigned certifies that distribution will not be utilized to : (a) discharge or satisfy a legally enforceable obligation or personal pledge; (b) pay for goods or services received or to be received by donor (e.g. scrip or dinner tickets); or (c) to pay dues of donor or members of his or her family to any religious, charitable, or educational organization. Synagogue dues are acceptable.

Signed: _____ Print Name: _____

I hereby recommend allocations be made to the following 501(c)(3) charitable organizations: (please print)

Amount: _____ (minimum \$100) Attention: _____
 Organization Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____
 Purpose of this allocation: _____
 Is this a tribute? Yes / No Please notify: _____
 Mail tribute to: _____

Amount: _____ (minimum \$100) Attention: _____
 Organization Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____
 Purpose of this allocation: _____
 Is this a tribute? Yes / No Please notify: _____
 Mail tribute to: _____

Amount: _____ (minimum \$100) Attention: _____
 Organization Name: _____
 Address: _____
 City, State, Zip: _____ Phone: _____
 Purpose of this allocation: _____
 Is this a tribute? Yes / No Please notify: _____
 Mail tribute to: _____

Approved: _____
 Community Foundation Board Member

Approved: _____
 Community Foundation Staff