

Please print, sign, and fax or mail this form to:

**Community Foundation of Greater Jackson**  
**525 East Capitol Street, Suite 5-B**  
**Jackson, MS 39201**  
**(601) 974-6044**  
**Fax: (601) 974-6045**

**Donor Suggestion Form**

Date: \_\_\_\_\_

I suggest distribution(s) from \_\_\_\_\_  
(name of fund)  
to the following organization(s) in the amount(s) listed:

<u>Organization (and contact person if known)</u>	<u>Special Instructions</u>	<u>Amount</u>
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I acknowledge that the above suggestions do not represent the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Date

Should the Board of Trustees have any questions about your suggestion(s), you will be contacted by a member of the Community Foundation of Greater Jackson staff.

Please return this form to the Community Foundation of Greater Jackson. A notification letter and check will be sent to the recipient(s) following review and approval of your request by the Board of Trustees. You will be notified after the distributions are made.