

Catholic Foundation of the Diocese of Rockford
Donor Advised Fund Request for Distribution

Date _____

RE: _____, an Endowed Provisional
Donor Advised Fund

I (we) advise you to pay out the following amounts to the charities indicated:
Please print

1. _____
Name of Charity

Address, City, State, Zip Code

Amount Requested

2. _____
Name of Charity

Address, City, State, Zip Code

Amount Requested

3. _____
Name of Charity

Address, City, State, Zip Code

Amount Requested

Signature of Donor or DAF Advisor

Signature of Donor (if more than one)

Please mail to: The Catholic Foundation for the People of the Diocese of Rockford
P.O. Box 7044
Rockford, IL 61125

Or FAX to: 815-399-5657