



THE COLUMBUS FOUNDATION

Donor Suggestion Form

Fund Name: _____

Suggestion #1

Organization: _____

Amount (\$100 minimum): \$ _____

Special Instructions: _____

I learned about this program through:

Commentary Critical Need Alert Our Website

If the organization is located outside of central Ohio:

Organization Address _____

City / State / Zip _____

Phone _____ Organization Contact _____

In honor of: In memory of: On behalf of:

If gift is in honor or memory of someone, please give name(s)/ address(es) of those to be notified of this gift. _____

Mr. / Mrs. / Ms. Name _____

Address _____

City / State / Zip _____

Suggestion #2

Organization: _____

Amount (\$100 minimum): \$ _____

Special Instructions: _____

I learned about this program through:

Commentary Critical Need Alert Our Website

If the organization is located outside of central Ohio:

Organization Address _____

City / State / Zip _____

Phone _____ Organization Contact _____

In honor of: In memory of: On behalf of:

If gift is in honor or memory of someone, please give name(s)/ address(es) of those to be notified of this gift. _____

Mr. / Mrs. / Ms. Name _____

Address _____

City / State / Zip _____

The Foundation's Governing Committee has final authority over all distributions.

- I understand that these suggestions are in accordance with IRS regulations covering charitable contributions and cannot be used to:
- fulfill a legally binding pledge made to a charitable organization (multi-year suggestions to an organization are acceptable);
 - support a political campaign or lobbying activities;
 - pay for raffle or event tickets, memberships, dinners, or other activities that provide a benefit to me or others;
 - pay for personal expenses incurred by any specific individual, such as tuition.

I have not received, nor do I expect to receive any goods or services in exchange for this suggestion. I understand that under the Pension Protection Act of 2006, I could be assessed a penalty if I receive more than an "incidental" benefit as the result of a distribution from my donor advised fund. If you are unsure what qualifies as an "incidental" benefit, please contact your donor services officer.

Signature

Date

Phone

For office use: DSD _____ Pending ____ / ____ Data Entry ____ / ____ Recip Ltr ____ / ____ Donor Ltr ____ / ____