



# 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: \_\_\_\_\_

<b>For Office Use Only</b>
Category _____
Approval/Review:
<input type="checkbox"/> Foundation Director
<input type="checkbox"/> Foundation Assistant
<input type="checkbox"/> ACD Chair (+)
<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.*