



THE DONOR-ADVISED FUND
of The Virginia Baptist Foundation

THE DONOR ADVISED FUND DISBURSAL RECOMMENDATION

As the Donor Advisor, you can recommend that a disbursement be made from your named account, specifying the recipient, the dollar amount and the investment funds(s) from which the disbursement should be made. Proposed disbursements must be equal to or less than the balance in your named account. Each disbursement must be the lesser of \$250 or the current balance. The Donor Advised Fund of the Virginia Baptist Foundation has final authority over the distribution and must approve all disbursement recommendations. Usually a recommendation will be reviewed and, if approved, processed within one week of its receipt. Disbursements can only be made to the following organizations:

- Organizations that qualify as tax-exempt under Section 170(c) of the Internal Revenue Code.
- Nonprofit organizations that are public charities as defined by Section 509(a) of the Internal Revenue Code.

IRS regulations forbid disbursements that would benefit the Donor Advisor, private foundations, or specific individuals. Disbursements cannot be made for lobbying purposes or to support political campaigns.

I recommend that the Donor Advised Fund of the Virginia Baptist Foundation disburse the following funds from the _____ account and disburse them to the charitable organization(s) listed below.

_____ Washington Mutual Investors Fund	\$ _____	or	_____ % of disbursement
_____ The Income Fund of America	\$ _____	or	_____ % of disbursement
_____ The Bond Fund of America	\$ _____	or	_____ % of disbursement
* Total Gift	\$ _____	or	100% of Gift disbursement

Legal Name of Charity _____ Amount \$ _____

Federal Tax Identification Number of Charity _____

Mailing Address _____

City _____ State _____ Zip _____

Legal Name of Charity _____ Amount \$ _____

Federal Tax Identification Number of Charity _____

Mailing Address _____

City _____ State _____ Zip _____

Legal Name of Charity _____ Amount \$ _____

Federal Tax Identification Number of Charity _____

Mailing Address _____

City _____ State _____ Zip _____

Please return this complete application to:

TOTAL
DISTRIBUTIONS \$ _____



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