



Donor-advised Fund: _____

The undersigned recommend(s) that the Florida United Methodist Foundation Inc. ("Foundation"), in accordance with the donor-advised fund agreement and the Foundation's Policies for the Creation and Operation of Donor-advised Funds, make distributions to the following designated charities (attach additional sheet if necessary):

CHARITY

AMOUNT OR PERCENTAGE OF ACCOUNT

FREQUENCY/INTERVAL

Name: _____

Address: _____ For: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ For: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ For: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ For: _____

City: _____ State: _____ Zip: _____

Name: _____

Address: _____ For: _____

City: _____ State: _____ Zip: _____

The undersigned further recognize(s) that the above recommendations are advisory in nature and the Foundation shall not be bound by the above recommendations.

Signature: _____ Date: _____

Print name: _____

Signature: _____ Date: _____

Print name: _____

FOR OFFICE USE ONLY

Email/signature approval: _____