

Steward's Bank
Donor-Advised Fund
Distribution Request



Donor Advised Fund Name _____

Recommended distribution recipient(s). Minimum of \$250.00 per recipient:

1. Name: _____			
Address	City	State	Zip
Amount of distribution: _____ Make distribution anonymously: yes ___ no ___			
Special instructions/restrictions: _____			

**** Please use additional forms for additional beneficiaries.**

I/we understand that all recipients must be U.S. domestic organizations recognized as “public charities” by the IRS, as defined in Sections 170(c), 2055, 2522 of the Internal Revenue Code and which qualify at 50% donees under Section 170(b)(1)(A) of the Internal Revenue Code, as amended, and which are not in conflict with the mission of the Christian Church (Disciples of Christ, and that at least 51% of all distributions from this fund must be to Christian Church (Disciples of Christ) related entities. I/we also understand that the Foundation will consider this request in making distributions, but is not required to follow it, and that the Foundation will rely on the authenticity of the signature(s) below as belonging to the Donor or current members of the Advisory Committee for the Fund. I/we affirm that this distribution is not for the purpose of fulfilling a legally enforceable obligation. I/we also affirm that no goods or services, except intangible religious benefits, will be received by me/us, including, but not limited to: tickets to events, dinners, memberships, etc.

By: _____ Date: _____

By: _____ Date: _____

Send/Fax to:
Christian Church Foundation
130 E. Washington Street
P.O. Box 1986
Indianapolis, IN 46206-1986
FAX: (317) 635-1991