

# Donor Advised Fund Distribution recommendation



Everence Foundation

Amount (\$100 minimum) \_\_\_\_\_ Date \_\_\_\_\_

Name of charitable organization \_\_\_\_\_

Address of charitable organization \_\_\_\_\_

City, State, ZIP \_\_\_\_\_

Recommended use \_\_\_\_\_

Please make my gift anonymous \_\_\_ Yes \_\_\_ No

*I understand this is only a recommendation to Everence Foundation, and I (we) will receive no goods or services for this distribution.*

Printed name(s) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Street address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

*For office use only*

\_\_\_\_\_

\_\_\_\_\_

**Return the completed form to:** Everence Foundation, P.O. Box 483, Goshen, IN 46527.

## Everence Foundation

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P.O. Box 483  
Goshen, IN 46527  
everence.com

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T: 574-533-9511