

Post Office Box 342, Leesburg, Virginia 20178 $\,\sim$ Post Office Box 402, Middleburg, Virginia 20118 \sim FAX (1-888) 624-5455 \sim

FUND NAME:		
FUND CONTACT:		
CONTACT EMAIL:		
CONTACT CELL/PHONE:		
Distribution Recommendation Form □ I/we recommend the review and approval of the following distribution(s) from the Fund name above. Please submit this form by DECEMBER 15 TH to ensure year-end distributions. Grant recommendations or reinvestment requests may also be sent via email; use of this form isn't strictly necessary.		
Name and Address of Recipient	Anonymous	Suggested Gift Amount
if you check or circle "Yes" in this area. As part of legal requirements, I understandistributions from the Fund and that appropriate the statement of the sta	nd that the Founda roval of any sugges 's Board of Directo	ors whose charge is to see that all distributions
Signature-Fund Representative		Date