

Jewish Community Foundation 1360 North Prospect Avenue Milwaukee, Wisconsin 53202-3094 (414) 390-5700 Fax (414) 390-5782

| Name of Fund: Date:   |   | Date:                   |
|---|---|-------------------------|
| Pursuant to the terms of the Fund, which I have established, I hereby suggest that the Foundation make the grants listed below.                               |   |                         |
| Organization and<br>Purpose of grant (optional description)   | Address                                 | Amount<br>\$100 minimum |
| Name:   |   |                         |
| Grant Description:  |   |                         |
| Name:   |   |                         |
| Grant Description:  |   |                         |
| Name:   |   |                         |
| Grant Description:  |   |                         |
| Name:   |   |                         |
| Grant Description:  |   |                         |
| Name:   |   |                         |
| Grant Description:  |   |                         |
|   |   | Total:                  |
| The above recommendations do not represent satisfa undersigned such as membership fees or contribution connection with such distribution(s), I have not accep | ns from which personal benefit is deriv |                         |
| Donor Name (printed):   | Signature:                              |                         |