

**Tampa Orlando Pinellas (TOP) Jewish Foundation, Inc.**  
**RECOMMENDATION FOR CHARITABLE DISTRIBUTION(S)**  
**FROM PHILANTHROPIC FUNDS**

Please mail or fax forms to the address below:  
13009 Community Campus Drive, Tampa, Florida 33625  
Phone: 1-800-373-5246 Fax: 813-961-8126

TOP Jewish Foundation Distribution Committee Members:

Pursuant to the terms of the Philanthropic Fund that I have established at the T.O.P. Jewish Foundation, I hereby suggest that you pay out of the income of the fund and out of the principal thereof to the extent that the Fund's income is not sufficient for such purposes, the following amounts to the following organizations:

**TOP Jewish Foundation Fund Name:** \_\_\_\_\_

- **Name of Organization** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **Amount:** \_\_\_\_\_
  - **Purpose:** \_\_\_\_\_
  
- **Name of Organization** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **Amount:** \_\_\_\_\_
  - **Purpose:** \_\_\_\_\_
  
- **Name of Organization** \_\_\_\_\_
  - **Address:** \_\_\_\_\_
  - **Amount:** \_\_\_\_\_
  - **Purpose:** \_\_\_\_\_

I/WE HEREBY ACKNOWLEDGE THAT THIS RECOMMENDATION FOR A DISTRIBUTION IS NOT BEING MADE TO SATISFY A PLEDGE OR SOME LEGAL OBLIGATION, INCLUDING, BUT NOT LIMITED TO, DUES, TUITION, AND FEES. IF ANY BENEFITS OR PRIVILEGES, INCLUDING, BUT NOT LIMITED TO FUND RAISING DINNER TICKETS, ARE OFFERED IN CONNECTION WITH SUCH DISTRIBUTION(S), I/WE HAVE NOT AND WILL NOT ACCEPT THEM.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signature: \_\_\_\_\_