



TOP Jewish Foundation

We make giving easier.

13009 Community Campus Drive
 Tampa, FL 33625
Phone: 813-961-9090 Fax: 813-961-8126

Date: _____

Fund Name / ID: _____

Distribution Committee Members:

Pursuant to the terms of the Philanthropic Fund which 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:

	<u>Amount</u>
Name of Organization: _____	\$ _____

TOP may include this grant in future publications.
Initial

	<u>Amount</u>
Name of Organization: _____	\$ _____

TOP may include this grant in future publications.
Initial

	<u>Amount</u>
Name of Organization: _____	\$ _____

TOP may include this grant in future publications.
Initial

My signature below confirms that none of the distributions recommended above will satisfy a pledge.

I 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 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 have not and will not accept them.

_____ Signature	_____ Date	_____ Signature	_____ Date
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