



**Community Savings Account  
Distribution Recommendation Form**  
South Dakota Community Foundation  
P O Box 296 Pierre, SD 57501

DATE: \_\_\_\_\_

FUND # \_\_\_\_\_

The undersigned Donor or Authorized Representative of the \_\_\_\_\_ fund is hereby recommending the following grants be awarded by the South Dakota Community Foundation:

<b>NAME</b>	<b>TAX ID #</b>	<b>AMOUNT</b>
_____	_____	_____

**Grant Purpose:** \_\_\_\_\_

<b>NAME</b>	<b>TAX ID #</b>	<b>AMOUNT</b>
_____	_____	_____

**Grant Purpose:** \_\_\_\_\_

<b>NAME</b>	<b>TAX ID #</b>	<b>AMOUNT</b>
_____	_____	_____

**Grant Purpose:** \_\_\_\_\_

<b>NAME</b>	<b>TAX ID #</b>	<b>AMOUNT</b>
_____	_____	_____

**Grant Purpose:** \_\_\_\_\_

<b>NAME</b>	<b>TAX ID #</b>	<b>AMOUNT</b>
_____	_____	_____

**Grant Purpose:** \_\_\_\_\_

The undersigned recognizes the South Dakota Community Foundation's "Procedures and Guidelines for Operation of Advised Funds" which were last amended January 25, 2007 (Procedures). Furthermore, the undersigned recognizes that distributions can only be made to organizations described in section 170(b)(1)(A), to the South Dakota Community Foundation, or to another fund within the South Dakota Community Foundation. The undersigned also finds the recommended to be deserving non profit or charitable entities and that the grant will be used for charitable purposes consistent with the Foundation's purposes. The undersigned also understands that the Foundation's Board of Directors has ultimate authority over all distributions made from the above mentioned fund. If for any reason the grant is later to be determined inconsistent with the Foundation's purposes, the donor or authorized representative may lose the privilege to make award recommendations.

\_\_\_\_\_  
Name of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Contact Phone Number

\_\_\_\_\_  
Contact Email

www.sdcommunityfoundation.org  
Tel (605) 224-1025

Toll Free 1-800-888-1842  
Fax (605) 224-5364

Please Mail Check(s) to:  _____ _____ _____ _____
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