



The Troy Foundation  
216 W. Franklin Street  
Troy, OH 45373  
Phone: 339-8935  
Fax: 339-8992

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

I suggest that distributions be made from my Charitable Checking Fund account as follows:  
(Subject to the approval of the Governing Board of The Troy Foundation)

**Name of Charitable Checking Fund:** \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Disburse by (date) : \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Disburse by (date) : \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Disburse by (date) : \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Amount: \_\_\_\_\_

Address: \_\_\_\_\_

Contact: \_\_\_\_\_ Disburse by (date) : \_\_\_\_\_

Please check if you wish for your contribution(s) to remain anonymous

\* I understand that this is a recommendation only, and not a direction. In addition, I acknowledge that the above suggestions do not represent the payment of any pledge or other financial obligation, nor does the undersigned expect any personal benefit from this charitable distribution.

Sincerely,

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

Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Address: \_\_\_\_\_