



Date _____

Please deposit the attached check in the amount of \$ _____ into my Charitable Checking Fund.

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

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

Please notify the beneficiaries that these contributions are made at the request of:

- I understand this is a recommendation only, and not a direction. In addition, I acknowledge 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.

Signature: _____

Name: _____ Telephone #: _____