

DONOR ADVISED FUND DISTRIBUTION REQUEST

Date: _____

TO: Arkansas Baptist Foundation
10117 Kanis Road
Little Rock, AR 72205-6220

Re: (Name of Donor Advised Fund) _____

I (we) make the following requests from account # _____ for outright distributions as follows:

<i>Amount</i>	<i>Charity</i>	<i>Purpose</i>
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____
\$ _____	_____	_____

I (we) understand that these requests are not to fulfill any personal pledges or other personal liabilities. Also, I (we) will receive no goods or services in exchange for these potential distributions. Thank you for your consideration with these requests.

Sincerely,

Signature #1

Signature #2 (if applicable)

<u>For Internal Foundation Use:</u>	
Approved _____	Disapproved _____
_____ <i>Authorized Signature</i>	_____ <i>Date</i>