

DISTRIBUTION RECOMMENDATION FOR THE
{NAME} DONOR ADVISED FUND
WITH THE ASSEMBLIES OF GOD FOUNDATION

I/We hereby suggest a distribution of the Donor Advised Fund listed above in the amount/percentage to the ministries listed below:

1. \$ _____ / _____ %
Name: _____

Address: _____

2. \$ _____ / _____ %
Name: _____

Address: _____

3. \$ _____ / _____ %
Name: _____

Address: _____

4. \$ _____ / _____ %
Name: _____

Address: _____

5. \$ _____ / _____ %
Name: _____

Address: _____

This recommendation is made at the request of all the Advisors.

This recommendation is made by an Advisor specifically stating that the Advisor is the agent of and is acting on behalf of all the Advisors to the Fund.

Advisor Signature

Date

Advisor Signature

Date

Advisor Signature

Date

Please return this form to Assemblies of God Foundation, 1661 N. Boonville Avenue, Ste D, Springfield, MO 65803.

In addition to mailing the form, you may fax the form to 1-417-865-5141 for faster service.

Any questions, please call 1-800-253-5544.