Your Life – Your Legacy…
What's in Your Heart?
Jewish Community Foundation
of Central Pennsylvania

Please be advised that the undersigned hereby recommends the following disbursement(s) from the:

_____
(FUND NAME/#)

ORGANIZATION NAME/ADDRESS/SPECIAL INSTRUCTIONS	AMOUNT
	$
	$
	$
	$
	$
	$

In recommending this gift, I certify that neither the Donor(s) nor any related parties will receive goods, services or other items of value as a result of the Foundation making the recommended disbursement(s). I further certify that the recommended disbursement(s), if made, will not satisfy any pledges or legal obligations of the Donor(s) or any related parties.

_____ _____
SIGNATURE PRINT NAME

_____
DATE

_____ _____
FOUNDATION AUTHORIZATION PRINT NAME

_____ _____
FOUNDATION AUTHORIZATION PRINT NAME

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Harrisburg, PA 17110

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