

THE JEWISH COMMUNITY FOUNDATION OF CENTRAL PENNSYLVANIA



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

	(FUND NAME A	AND NUMBER)]
ORGANIZATION NAM	<u>IE/ADDRESS</u>	Al	MOUNT
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
I certify that no individual result of the Foundation that the recommended that I have incurred.	on making the recor	mmended disbursem	ent(s). I further certify
SIGNATURE		PRINT NAME	
DATE			
FOUNDATION AUTHORIZATI	ON	PRINT NAME	
FOUNDATION AUTHORIZATI	ON	PRINT NAME	

3301 North Front Street Harrisburg, PA 17110 phone: 717-236-9555 fax: 717-236-0965 e-mail: michelew@pajewishendowment.org