

## **DISTRIBUTION RECOMMENDATION FORM**

## **Fund to Fund Transfer**

Name of Advisor(s) requesting distribution:	
Name of Fund:	
Pursuant to the terms of the above-referenced Named Fund Foundation of Greater Philadelphia, I would like to recomme available for distribution from such Fund be distributed for t following amount. This recommendation is not being made t obligation, and I certify that I have not and will not accept ar connection with such distribution.	nd that the income and/or principal he following charitable purpose, in the o satisfy a pledge or some other legal
Name of CFGP Fund for which distribution should be transferred:	
Designated use of distribution:	
Amount: \$	
Signature:	Date:
Signature:	Date:

Mail, fax, or email this form to The Catholic Foundation of Greater Philadelphia 2133 Arch Street, Suite 400 | Philadelphia, PA 19103 Fax: 267-838-9574 | E-mail: funds@theCFGP.org