



**PHILANTHROPIC FUND  
DONOR SUGGESTION FORM**

**Alpha Omega Foundation, Inc  
50 West Edmonston Drive, Suite 206  
Rockville, Maryland 20852  
Phone: 301-738-6400  
Fax: 301-738-6403  
E-mail: [foundation@aofus.org](mailto:foundation@aofus.org)**

Date \_\_\_\_\_

Name of Fund \_\_\_\_\_

Recommender \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Email \_\_\_\_\_

**Pursuant to the terms of my Philanthropic Fund, I hereby recommend that you make the following distribution(s):**

\*\*\*\*\*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Suggested Amount \_\_\_\_\_ (\$100 minimum distribution)

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

\*\*\*\*\*

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zipcode \_\_\_\_\_

Suggested Amount \_\_\_\_\_ (\$100 minimum distribution)

Contact \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

**Do you wish to share your name with the grantee? Please check the appropriate box below.**

Include name of my fund

Anonymous

**The above suggested distribution does not represent payment of any legally enforceable pledge or other financial obligation.**