Legal Document Establishing Terms of Donation Distribution

This Agreement ("Agreement") is made and entered into on	by and between:
	ndividual or entity acting as an intermediary between the Foundation lace at, hereinafter referred to as the
Background	
The Foundation is dedicated to providing financial assistance t	to impoverished individuals in need through its charitable activities.
The Beneficiary Coordinator has agreed to serve as an intermedigible recipients.	ediary to facilitate the distribution of funds from the Foundation to
Responsibilities of the Beneficiary Coordinator	
The Beneficiary Coordinator shall receive funds from the Foun	dation intended for distribution to impoverished individuals.
The Beneficiary Coordinator shall ensure that the funds receiveligible recipients in accordance with the criteria established by	ed from the Foundation are promptly and equitably distributed to y the Foundation.
	f all funds received and distributed, including the names and contac ch recipient, and the date of distribution. Attached to this agreement
The Beneficiary Coordinator shall not retain any portion of the	funds received from the Foundation for personal use or benefit.
The Beneficiary Coordinator shall not distribute more than	s \$100 to any family recipient in a calendar year.
Liability	
The Beneficiary Coordinator acknowledges and agrees that the eligible recipients.	ey shall be solely responsible for the proper distribution of funds to
· · · · · · · · · · · · · · · · · · ·	mless the Foundation, its officers, directors, employees, and agents is, costs, and expenses arising out of or related to any breach of this
Term and Termination	
This Agreement shall commence on the effective date set forth days written notice to the other party.	n above and shall continue until terminated by either party upon 7
IN WITNESS WHEREOF, the parties have executed this Agree	ement as of the date first written above.
Beneficiary Coordinator Signature:	
Beneficiary Coordinator Name:	
Foundation Employee Approver Signature:	
Foundation Employee Approver Name:	

Beneficiaries Information

If more beneficiaries need to be added, please write down on the back of this paper and submit along. **Total amount of donation distributed** (this must be sum of all entries in table): \$_____

Donee Name	Address	Phone	Donation in USD