



SERVE. ADVISE. ENCOURAGE.

CHARITABLE GIVING FUND DISTRIBUTION REQUEST

Name of Fund: _____ Account #: _____

I (or we) make the following requests for outright distributions as follows:

\$ _____ to _____ for _____

\$ _____ to _____ for _____

\$ _____ to _____ for _____

\$ _____ to _____ for _____

\$ _____ to _____ for _____

I (or we) understand that these requests are not to fulfill any personal pledges or other personal liabilities. Also, I (or we) will receive no goods or services in exchange for these distributions.

Authorized Signature: _____ Date: _____

Joint Account Signature: _____ Date: _____

For Internal Foundation Use

_____ Approved

_____ Disapproved

Authorized Signature: _____ Date: _____

After completing form, please return by email (info@abf.org), fax (501-376-3831), or mail to the Arkansas Baptist Foundation, 10 Remington Drive, Little Rock, AR 72204.