



**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](mailto:info@abf.org)), fax (501-376-3831), or mail to the Arkansas Baptist Foundation, 10 Remington Drive, Little Rock, AR 72204.