



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: _____