



Agency Funds Request Form

Date: _____

I request the Board's consideration for distribution from the _____
 _____ to be sent for the following
 purposes and in the amount(s) listed below.

Purpose (Please include address and phone for who to make check payable to)	Special Instructions (Please indicate if there is a specific project or program)	Amount (Subject to final board approval)

I acknowledge that the above suggestion(s) does (do) not represent the payment of any pledge or other financial obligation, nor do I, or my appointees, or any related parties expect any personal benefit from this charitable distribution.

 (Signature) (Printed Name - Agency Representative)

 (Address) (Zip Code) (Phone Number)

The Board of Trustees has final authority over all distributions. Should the Board have any questions about your request a member of our staff will contact you.

Please return this form to the Community Foundation of the Holland/Zeeland Area and keep a copy for your files. The check will be mailed after our next regular check processing following board approval.