



**Endowment Fund
Distribution Request
Form**

Date: _____

Requester's Name: _____

Please type or print information.

Contact Name: _____ Phone #: _____

E-mail _____

Endowment Name: _____

Endowment Number: _____ Amount: _____

Please explain reason for request:

For check processing allow 3-5 business days after receipt of written request and 10 business days for amounts of \$10,000 and greater.

FOR OFFICE USE ONLY	
Date Received	
Date Issued	
Check Number	
Confirmed by	