



FUND DISBURSEMENT REQUEST FORM

Fund Number: _____ **Fund Name:** _____

Payee and Address: <i>Name of the payee for the check and address to which the check is to be mailed</i>	Charitable Purpose of Payment: <i>(Briefly describe the purpose or intentions of how the funds will be used.)</i>	Amount of Payment <i>Please list each payment separately.</i>
Name: Address:		\$
Name: Address:		\$
Name: Address:		\$
Total Amount		\$

I (we) acknowledge that the request do not represent the payment of any legally enforceable pledge nor does the undersigned expect any goods or services as a result of this distribution.

Signature: _____ Date: ___/___/_____

NOTE:

- The disbursement must be for charitable purposes and to an allowable payee. If you have questions, please contact our Staff before submitting at info@richmondcatholicfoundation.org or 804-359-5661.
- It is preferred that a schedule of withdraws be submitted to the Foundation at the beginning of each year, although, withdrawals can be made with 30 days advance notice.
- We recommend that you keep a photocopy of your completed Disbursement Request for future reference.
- Send the form by: Email to mkeenana@richmonddiocese.org or Fax 804-358-9159 or Mail to:
Catholic Community Foundation of the Diocese of Richmond
7800 Carousel Lane
Richmond, VA 23294