



Distribution Request

Please complete and mail or fax back to (619) 232-8197

Date of Request: _____

Donor Name: _____

Foundation Name: _____

Donor Phone #: (____) _____ Donor Email _____

Donor Address: _____

City, State Zip: _____

Name of Charity: _____

Contact Person at Charity: _____

Address of Charity: _____

Phone Number of Charity: _____

Amount of Distribution: _____

Purpose of Distribution: (e.g., is the grant intended for a specific project, intended for the general operating expenses of the recipient organization, limited in some manner, or earmarked for a particular purpose?): _____

Please provide confirmation that my request has been made by: email regular mail

Optional: If you would like to advise automatic distributions from your account for donations to this charity on a periodic basis, please complete the following:

Amount: \$ _____ To Begin: _____

Check one: Monthly Quarterly Annually (please indicate month)

To continue indefinitely: Yes No If 'No', last donation to be sent (date)

Other comments: _____

I affirm that the requested distribution will not be used to confer a personal benefit on myself or my family.

Signature of Donor

Date

Significance Foundation Review

Date