

# Fund Distribution Request Form

\*For requests over \$5,000, this form needs to be received by the 12<sup>th</sup> of the month for Board action\*

Date: \_\_\_\_\_

Fund Name: \_\_\_\_\_

Advisor or Committee Member Name: \_\_\_\_\_

Organization Name, City & State	Purpose of Gift	Amount	Foundation Staff Notes
	<input type="radio"/> General support <input type="radio"/> Special project: _____ <input type="radio"/> Other (please list): _____		Balance: FIMS: President Approval: Inputted:
	<input type="radio"/> General support <input type="radio"/> Special project: _____ Other (please list): _____		FIMS: President Approval: Inputted:
	<input type="radio"/> General support <input type="radio"/> Special project: _____ <input type="radio"/> Other (please list): _____		FIMS: President Approval: Inputted:

Signature: \_\_\_\_\_

*By signing this form, I understand this is a recommendation to the Winona Community Foundation Board of Directors. They may approve or deny this request based on current bylaws. I am receiving no benefit from any grant that may be approved.*



**Return to: Winona Community Foundation  
 111 Riverfront Suite 2 East Annex  
 Winona, MN 55987  
 507.454.6511 wcf@winonacf.org**