

Fund Distribution Request Form

For requests over \$5,000, this form needs to be received by the 12th 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):		Balance: FIMS: President Approval: Inputted:
	<input type="radio"/> General support <input type="radio"/> Special project: _____ Other (please list):		Balance: 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