



Bay Area

community foundation

AGENCY AND DESIGNATED FUND DISBURSEMENT REQUEST

FUND NAME

The undersigned authorized representative of the above named fund, pursuant to paragraph 6 of the instrument titled "Endowment Fund Agreement" or "Fund Administrative Agreement," hereby directs Bay Area Community Foundation to disburse spendable assets of said Endowment Fund per the following directions:

To be paid to: _____
Organization Name

Address: _____

Amount: _____

Please attach documentation (board minutes) authorizing you to request this disbursement.

Signed upon the authority of the governing board of the above named organization, this _____ day of _____, 20____.

Authorized Signature

Printed Name Title

2010 Disbursement Request Schedule	
<u>Requests Due:</u>	<u>Will receive check week of:</u>
January 31	February 15
April 30	May 10
July 31	August 16
November 30	December 6

*Please Return Form to:
Bay Area Community Foundation, 1000 Adams Street, Suite 200, Bay City, MI 48708*

ACKNOWLEDGEMENT OF RECEIPT BY BAY AREA COMMUNITY FOUNDATION

The undersigned representative of Bay Area Community Foundation acknowledges receipt of the foregoing for Disbursement of Fund Assets on this ____ day of _____, 20____.

Authorized Signature

Printed Name Title