



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

2012 Disbursement Request Schedule
Requests Due: Will receive check week of:
January 31 February 13
April 23 May 7
July 31 August 13
November 30 December 17

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