



Request for fund distribution

Date: _____

Send via U.S. Mail to:

CFSWIA Executive Director
Catholic Foundation of Southwest Iowa
601 Grand Avenue
Des Moines, IA 50309

Or scan and email to:

smcentee@catholicfoundationiowa.org

Name of Fund you wish to receive funds from:

Dear CFSWIA,

In accordance with the policies set forth in Schedule C of our agency agreement with the Catholic Foundation of Southwest Iowa, please process a distribution in the amount of \$ _____ from the fund listed above.

We request receipt of these funds no later than _____.

Please send the check to: _____

Phone number: _____

Sincerely,

Authorized individual #1 Signature Individual #1 printed name Title or position

Authorized individual #2 Signature Individual #2 printed name Title or position

Authorized individual #3 Signature Individual #3 printed name Title or position

Note: There are more lines than you may need for authorization. Only list what/who your fund requires.

For CFSWIA use only:

Funds requested: _____ Date: _____

Check sent: _____ Date: _____