

Designated Fund Distribution Request Form

Date: _____

Hutchinson Community Foundation
PO Box 298
Hutchinson, Kansas 67504-0298

(Name of Fund – Please Print)

Pursuant to the terms of the Designated Fund our organization has established in the Hutchinson Community Foundation, we hereby request distribution out of the fund in the amount of \$_____ payable to:

We understand this is a recommendation only, not a direction.

Signed

Title

Address

Should the distribution Committee have any questions about your request, you will be contacted by Foundation staff.

Please return one copy to the Hutchinson Community Foundation, retain a copy for your files. Grants will be processed within 7-10 business days.

