



Request for fund distribution

Date: _____

Fax, Scan, U.S. Mail or email to:

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

smcentee@catholicfoundationiowa.org

RE: Distribution Request

(Enter name of fund you wish to receive funds from)

Dear CFSWIA,

In accordance with the policies set forth in Schedule C of the 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 in case there are questions: _____

Sincerely,

Signature of Advisor #1

Printed name of Advisor #1

Signature of Advisor #2

Printed name of Advisor #2

Signature of Advisor #3

Printed name of Advisor #3

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: _____