



AGENCY DISTRIBUTION REQUEST FORM

To: Community Foundation of North Florida's Board of Directors

From: _____

Date: _____

Re: Distribution Request

CERTIFICATION OF CORPORATE SECRETARY:

As Secretary of _____, I hereby certify that _____
AGENCY NAME NAME OF FUND REPRESENTATIVE

is the current Chairman of the Board of Directors **and** Fund Representative of the

_____ Fund.
NAME OF FUND

SIGNATURE OF SECRETARY PRINTED NAME OF SECRETARY DATE

DISTRIBUTION REQUEST:

As Fund Representative and Chairman of the Board of Directors of _____,
AGENCY NAME

I thereby request a distribution in the amount of \$ _____ from the _____
NAME OF FUND

FUND.

SIGNATURE OF FUND REPRESENTATIVE PRINTED NAME OF FUND REPRESENTATIVE DATE