



AGENCY DISTRIBUTION REQUEST FORM

**** Login to DonorCentral for the available amounts from your Agency and/or Public Funds ****

To: Community Foundation of North Florida Board of Directors

From: _____

Date: _____

Re: Agency and/or Public Funds Distribution Request

CERTIFICATION OF CORPORATE SECRETARY

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

is the current Chairman of the Board of Directors **and** Fund Representative of the
_____ Fund.
FUND NAME

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 **Agency Fund**

I thereby request a distribution in the amount of \$ _____ from the **Public Fund**

for a total distribution amount of \$ _____.

Nonprofit Organization EIN _____ - _____

SIGNATURE OF FUND REPRESENTATIVE PRINTED NAME OF FUND REPRESENTATIVE DATE

Mail to:
Community Foundation of North Florida
3600 Maclay Boulevard South, Suite 200
Tallahassee, FL 32312

or

Email to:
sstout@cfnf.org