



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 *Agency Fund*

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

for a total distribution amount of \$ _____.

SIGNATURE OF FUND REPRESENTATIVE

PRINTED NAME OF FUND REPRESENTATIVE

DATE