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Fund Distribution Request

Fund Name: _____ Advisor/Committee Member Name/Phone: _____

I understand this is a recommendation to the WCF Board of Directors. They may approve or deny this request based on current WCF bylaws. I am receiving no benefit from any grant that may be approved.

 Advisor/Committee Member Signature

 Date

 Advisor/Committee Member Signature

 Date

Recommendations must be received by the 12th of the month for Board action

Organization <small>(Name & address)</small>	Contact & Phone #	Purpose of Gift	Amount	Foundation Use <small>(Approval/Acct#/check#/Date)</small>