



**REQUEST FOR DISTRIBUTION**

\_\_\_\_\_ (organization)

requests the distribution of \$ \_\_\_\_\_ (amount)

from the \_\_\_\_\_ (fund name)

Fund of Triangle Community Foundation.

Remit payment to (address):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

PO Box 12729 ♦ Durham, NC 27709 ♦ Phone: 919.474.8370 ♦ Fax: 919.941.9208 ♦ [www.trianglecf.org](http://www.trianglecf.org)

<i>For Internal Use</i> - Fund ID: _____ Date Received: _____ Date Recorded: _____ Staff: _____
---