Request for Distribution

triangle community **FOUNDATION**
MAKE A DIFFERENCE

_____

_____ (organization)

requests the distribution of _____ (amount)

from the _____ (fund name)

Fund of Triangle Community Foundation.

Remit payment to (address):

_____

_____

_____

_____   _____
Primary Signature   Secondary Signature

_____   _____
Title   Title

_____   _____
Date   Date