**Harrison County Community Foundation**

# PO Box 279, Corydon, IN 47112

**Phone: 812-738-6668 Fax: 812-738-6864 Email: michelled@hccfindiana.org**

**Donor Advised Fund Grant Request Form**

**Name of Fund: Fund #:**

**Available Income: $\_\_\_\_\_\_\_\_\_**

**I request distribution from the available income of this fund for the purpose(s) as indicated to:**

## Amount Purpose

I acknowledge that this request does not represent the payment of any contractual pledges or other financial obligations. I further do not expect any personal benefit from this charitable distribution. I understand the recipient organization will be required to submit documentation verifying the appropriate and lawful use of these funds. This form requires the signature of the DAF Founding Contributor or the designated Advisory Committee Representative.

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**Printed Name, Relationship to Fund Signature**

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**Recipient Organization Recipient Organization’s Address**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date**

**We will contact you if we have any questions concerning your request. Please return one copy with an original signature to the address above and keep a copy for your records. 131226**