



PO Box 279, Corydon, IN 47112

Phone: 812-738-6668

Fax: 812-738-6864

Email: kimberlyc@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.

Printed Name, Relationship to Fund

Signature

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.