



**Harrison County
Community Foundation**
Building our future together

PO Box 279, Corydon, IN 47112

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Fax: (812) 738-6864

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Designated Purpose 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:

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 agree to submit documentation verifying the appropriate and lawful use of these funds. This form requires the signature of the CEO/Executive Director and board member of the agency or superintendent of a school corporation.

Printed Name, Title

Signature

Printed Name, Title

Signature

Mailing Address

Phone

Date

Organization

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.