



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

PO Box 279, Corydon, IN 47112

Phone: (812) 738-6668

Fax: (812) 738-6864

Email: kimberlyc@hccfindiana.org

## 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.