



Illinois Prairie  
Community Foundation

**Endowed Fund**  
**Requested Annual Distribution**

Date \_\_\_\_\_

I recommend distribution of \$ \_\_\_\_\_ from \_\_\_\_\_ Fund.  
Name of Fund

To: \_\_\_\_\_  
Organization

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

Please make this distribution ( ) as soon as possible OR ( ) on \_\_\_\_\_  
Date

Special Instructions: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Please Print Your Name

\_\_\_\_\_  
Signature

Note: The Community Foundation is required to ascertain the charitable status of all grant recipients. Checks will not be issued until we verify the charity's 501(c)(3) IRS designation or other appropriate documentation. Checks are processed weekly.

Illinois Prairie Community Foundation  
915 E Washington St, Suite 2  
Bloomington, IL 61701

For Office Use Only:	
_____	_____
Date Approved	Approved By