



**Illinois Prairie**  
Community Foundation

**Fiscal Sponsorship Fund**  
**Distribution Request**

Date \_\_\_\_\_

We request a distribution of \$ \_\_\_\_\_ from \_\_\_\_\_ Fund.

( ) Check if this is a reimbursement.  
and attach receipts.

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

Person/Organization/Company

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

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

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

\_\_\_\_\_  
**Purpose of distribution**

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Please print your name and title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

*Note: Checks are processed on Tuesday mornings.*

Send this distribution request form to  
Illinois Prairie Community Foundation  
915 E Washington St, Suite 2  
Bloomington IL 61701

For Office Use Only:

\_\_\_\_\_  
Date Approved

\_\_\_\_\_  
Approved By