



Central Kansas
COMMUNITY FOUNDATION

Building Stronger Communities Through Charitable Giving

DISTRIBUTION RECOMMENDATION FORM

Mark Request

Date of Request: _____

- GRANT
- SCHOLARSHIP
- PAYABLE (Include W-9 first time)

Fund Representative/Review Committee Representative Name: _____

Email: _____ Phone: _____

Foundation Name: _____

Fund Name: _____

Amount: \$ _____

Purpose: _____

Payee Information:

Name:

Address:

Notes:

The check will be sent to payee unless otherwise provided instructions below. Please anticipate 7-10 business days once provided to CKCF for completion of any check request.

Instructions for mailing: _____

Requesters Name: _____ **Signature:** _____

Please return a copy to the Central Kansas Community Foundation and retain one for your files.

301 N. Main, Suite 200, Newton, KS 67114 or email (scanned version) to
brenda@centralkansascf.org and angie@centralkansascf.org
316.283.5474

Please attach back-up documentation that includes but is not limited to notes, minutes, email communication, donor/committee member names, applications, W-9, and this recommendation form.