



Distribution Request Form

Your name: _____

Name of fund: _____

Amount: \$ _____

Name of organization: _____

Notes/special instructions: _____

Date of Distribution: Now Hold until: _____

Anonymous: No Yes

Signature: _____ Date: _____

Once approved, distributions are made within 30 days, unless otherwise requested. Requested distribution may not result in an impermissible benefit to the donor, advisor, or related parties. Federal regulations impose financial penalties for violations of distribution policies and law.

Completed forms should be returned to:

Hastings Community Foundation
800 W. 3rd St.
Suite 232
Hastings, NE 68901

(402) 462-5152 • hcf@hastings.foundation

Office Use Only

Notes: _____

Date paid: _____ Check number: _____ ACK: _____

Minutes: _____ Staff: _____