

Clay Center Community Improvement Foundation

DISTRIBUTION RECOMMENDATION FORM

The undersigned hereby recommends a distribution from the following fund of the Greater Manhattan Community Foundation (Please use a separate form for each distribution recommended). It is understood that this request for a distribution is only a recommendation with respect to the application of funds and that this recommendation is subject to final approval of the Executive Board of Trustees in accordance with the exempt status and charitable purposes of the Foundation.

Name of GMCF Fund: _____

Distribution Type: Charitable Distribution

Amount Requested: _____

Distribution Payee: _____

Distribution Purpose: _____

Payee Address: _____

Payee Phone Number: _____

Is this grant to be anonymous: [☐] Yes [☐] No

Distribution Requested by: [X] Authorized representative of Fund

Date Signed: _____
Signature of Authorized Representative

Fax, mail or email completed recommendation form to GMCF Office, or for questions, please contact:

Greater Manhattan Community Foundation
P.O. Box 1127
Manhattan, KS 66505-1127

Fax: (785) 587-8982
Phone: (785) 587-8995
E-mail: foundation@mcfks.org