



Vermont Community Foundation

Nonprofit Fund Request for Distribution

Endowment Fund – distribution amount requested below must be equal to or less than the previously reinvested Annual Spending Policy amount(s)

Reserve Fund – distribution amount requested below must not bring the fund balance below \$5,000.

The _____ Fund

We hereby request a distribution of: \$ _____

Distributions from Nonprofit Funds are made after approval by and at the sole discretion of the Vermont Community Foundation.

Board Officer Signature:

By checking this box, I hereby indicate my intent to be legally bound by the terms of this document (once accepted by the Foundation) and agree that such action on my part constitutes my legally binding signature, binding in the same manner and in all respects as if I had executed this document in writing.

Name: _____

Title: _____

Date: _____

Executive Director or Second Board Officer Signature:

By checking this box, I hereby indicate my intent to be legally bound by the terms of this document (once accepted by the Foundation) and agree that such action on my part constitutes my legally binding signature, binding in the same manner and in all respects as if I had executed this document in writing.

Name: _____

Title: _____

Date: _____