

# Atchison Area Community 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: \_\_\_\_\_

Fund ID: \_\_\_\_\_

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