COMMUNITY FOUNDATION
FONDATION COMMUNAUTAIRE
OF NOVA SCOTIA
DE LA NOUVELLE-ÉCOSSE

Disbursement Request

Cheques are processed twice a month (15th and month end).
Please allow two weeks for disbursement.

Date: _____

Name of Fund: _____

Amount of Disbursement: _____

Person(s) authorizing disbursement: _____

Recipient Name: _____

Recipient Charitable Number: _____

IF YOU HAVE ISSUED A GRANT TO THE RECIPIENT PREVIOUSLY, THE INFORMATION BELOW IS NOT REQUIRED.

Recipient's Address: _____

Recipient's telephone: _____

Designation/special instructions: _____

Please indicate "yes" if anonymous: _____

Office use only

Cheque Number: _____

Date: _____

Transaction Number: _____