



Community Foundation of Orange and Sullivan

FUND DISBURSEMENT FORM

INFORMATION

Name of Fund:

Payee Name: (Who the check should be made payable)

Payee mailing address:

City:

State:

ZIP:

Contact Name:

Mail check to Payee Hold check for Fund Advisor Pick Up

Amount Recommended:

Please allow 5 to 7 Business Days for Processing

Fund Advisor Name (please print):

Fund Advisor Phone # and E-mail:

Signature:

Date:

Purpose of disbursement:

Fully describe the purpose of the disbursement and attach invoice and/or supporting documentation (if applicable)

COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

Address: 30 Scott's Corners Drive, Suite 203

City: Montgomery

State: NY

ZIP: 12549

Phone: (845) 769-9393 Fax: (845) 769-9391 E-mail: admin@cfosny.org

APPROVAL BY COMMUNITY FOUNDATION OF ORANGE AND SULLIVAN

Approved by:

Date approved:

Comments: