



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

Disbursement Request

Please allow at least 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: _____

Special instructions: _____

Please indicate yes if anonymous: _____

Office use

Check Number: _____

Date: _____

Transaction Number: _____