



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.

Email completed form to: accounting@cfns-fcne.ca

Date: _____

Name of Fund: _____

Amount of disbursement: _____

Person(s) authorizing disbursement: _____

Recipient Name: _____

Recipient Charitable Number: _____

IF YOU HAVE ISSUED A GRANT TO THIS 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: _____