

**District 5240
Foundation-Club Fundraising Program
DISBURSMENT REQUEST FORM**

(Good printing and clearly answering the questions appreciated)

Date Submitted:	
District Governor Name/Sign:	
Fundraising Chair Name/Sign:	
Fundraising Event Name:	
Date(s) of Fundraising Event:	

Disbursement Request: Attach IRS 501(c)(3) Exemption letter

Organization Name:	
Mailing Address:	
Organization Contact Name:	
Phone:	
Email address:	

District 5240 Charitable Foundation use only:

Check tracking information

Date Issued		Check Number	
Checking Account		Check Amount	
Check issued by:			

Acknowledgement letter/ receipt sent by: