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Fax: (574) 224-3709 ♦ info@nicf.org ♦ www.nicf.org

NON PERMANENT PAYMENT REQUEST

Name of Fund: _____ Date of Request: _____

I/We request the following distribution(s) be made from the above fund to the following organization in the amount listed below. (Attach additional pages if necessary and agency minutes showing authorization for this payment request.)

1) ORGANIZATION/PERSON TO RECEIVE PAYMENT

Name Address/City/State/Zip

Purpose of Grant Special Instructions:

Recommended Amount _____.

2) ORGANIZATION/PERSON TO RECEIVE PAYMENT

Name Address/City/State/Zip

Purpose of Grant Special Instructions:

Recommended Amount _____.

3) ORGANIZATION/PERSON TO RECEIVE PAYMENT

Name Address/City/State/Zip

Purpose of Grant Special Instructions:

Recommended Amount _____.

All disbursements are subject to approval by the NICF Board of Directors. A notification letter and check will be sent to the recipient(s) and a copy will remain on file.

Donor/Non Permanent Fund Advisor Printed Name

Donor/Non Permanent Fund Advisor Signature

Address

Daytime Telephone Number

*Send to: Northern Indiana Community Foundation, Inc. * P. O. Box 807 * Rochester, Indiana 46975 * Fax 574.224.3709*