

REQUEST FOR DISBURSEMENT

DESIGNATED FUND

COMMUNITY FOUNDATION OF THE EASTERN SHORE, INC.

1324 Belmont Ave., Suite 401

Salisbury, Maryland 21804

Phone: 410-742-9911 Fax: 410-742-6638

cfes@cfes.org

Date: _____

I/We recommend a grant distribution of \$ _____ from the

_____ to the following qualified

charitable organization(s) in the amount(s) listed:

ORGANIZATION (name and address)

Amount

Please note any special instructions:

Signature(s)

Phone: _____

Email: _____

Should the Board of Directors have any questions about your request, you will be contacted by the Community Foundation staff.