

**Columbian Foundation for People
with Mental Retardation, Inc.**

REQUEST FOR DISTRIBUTION

COUNCIL NO. _____ **DISTRICT NO.** _____ **DATE** _____

PLEASE AUTHORIZE THE FOLLOWING DISTRIBUTION FROM OUR ACCOUNT:

NAME OF RECIPIENT	ADDRESS	PERCENTAGE
<u>COLUMBIAN FOUNDATION</u>	<u>RESIDENTIAL/EDUCATIONAL LOAN PROGRAM</u>	_____ %
<u>ORANGE COUNTY CHAPTER CHARITIES</u>	_____	_____ %
_____	_____	_____ %

If you do not have a preference, you may check the box below.

We request that the money being held by the Columbian Foundation for our Council in the Council Fund be transferred to the Residential /Educational Loan Program.

Note 1: Distribution can only be made to organizations working with People with Intellectual Disabilities, that have I.R.S. tax exemption under 501(c)(3) of the Internal Revenue Code. Attach proof of such exemption to this form for each Recipient listed above

Note 2: All funds not properly designated by the Council, and/or recipient or receipts for expenditures, along with a copy of the necessary 501(c)(3), by September 1st of the year following the Drive will automatically and irrevocably be deposited in the Residential/Educational Loan Program.

Grand Knight Information: Name _____
Address _____
City, State, Zip _____
Phone (_____) _____ - _____

MAIL WHITE COPY TO: Melvin Picanco, 2454 Shadow Berry Dr., Manteca, CA. 95336

RETAIN YELLOW COPY FOR YOUR COUNCIL RECORDS

Signatures _____
Grand Knight Financial Secretary