



**Endowment Distribution Form**

In order to receive or decline your annual distribution from an endowed designated or organizational fund of which you are a charitable beneficiary, please complete and return this form by mail to 1435 Crossways Blvd, Suite 300, Chesapeake, VA 23320, email to [grants@sevacf.org](mailto:grants@sevacf.org), or fax to (757) 397-7948.

**Request information**

Fund Name: \_\_\_\_\_ Fund #: \_\_\_\_\_

- Action Requested:
- receive annual grant for full spending amount of \$ \_\_\_\_\_
  - receive grant for portion of spending amount at \$ \_\_\_\_\_
  - decline annual distribution and add spending amount to the fund's principal
  - Board-approved excess distribution

- Area of Interest:
- Arts & Culture
  - Civic & Economic Development
  - Education
  - Environment
  - Health & Human Services
  - Religious
  - Capital

**Contact information**

Contact Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Organization information**

Legal Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

501(c)(3):  Yes  No Federal ID #: \_\_\_\_\_

I understand that the Southeast Virginia Community Foundation will first review this request in order to verify that the purpose indicated is in compliance with the signed fund agreement and that, upon verification, a check will be issued to the organization at the above-listed address.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_