

Columbian Foundation Supporting People with Intellectual Disabilities, Inc.

REQUEST FOR DISTRIBUTION

COUNCIL NO. _____ DISTRICT NO. _____ DATE ____

PLEASE AUTHORIZE THE FOLLOWING DISTRIBUTION FROM OUR ACCOUNT:

NAME OF RECIPIENT	ADDRESS	PERCENTAGE
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %
Special Olympics [FEED THE ATHLETES], a Supreme Featured Program	_____	_____ %
Columbian Charity Fund	_____	_____ %
	TOTAL	100 %

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 Charity Fund.

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

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

RETAIN COPY FOR YOUR COUNCIL RECORDS

Signatures _____
Grand Knight **Financial Secretary**