

**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
_____	_____	_____ %
_____	_____	_____ %
_____	_____	_____ %

SPONSOR AN ATHLETE \$500 each (Circle one 1 2 3 4)

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 Program's that the Foundation Board of Directors designates.

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 be automatically and irrevocably transferred to Program's that the Foundation Board of Directors designates.

Grand Knight Information:

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

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

RETAIN PINK COPY FOR YOUR COUNCIL RECORDS

Signatures _____
Grand Knight Financial Secretary