Distribution & Contact Verification

Beneficiary Name (Parish, School, etc.): _____

Pastor/Administrator Name: _____

Business Manager/Bookkeeper Name: _____

Principal Name (if applicable): _____

Director/CEO/Other Name (if applicable): _____

City: _____ **Phone:** _____

Please complete the information below regarding distributions from your fund (*please complete page 2 if you have more than one fund*):

Fund #: _____ **Fund Name:** _____

☐ We choose to receive the distribution from the above-named fund this year

☐ We choose **NOT** to receive the distribution from the above-named fund this year

The Catholic Community Foundation is continuing its efforts to enhance customer service and eliminate paper reporting. As such, we have transitioned to an online portal for access to statements and reports. Please identify any additional individual(s) approved to access your Client Portal:

Name: _____ **Position:** _____

Email: _____ **Phone:** _____

By signing below, you agree to administer all funds received from the Catholic Community Foundation of Southwest Florida, Inc. in the manner in which the donor intended. In addition, you agree to submit an annual report to the Foundation detailing how the funds were used.

Pastor/Administrator_____ Date _____

Business Manager/Bookkeeper _____ Date _____

For any questions, please call 941-441-1124

Please email completed form(s) to CCF@dioceseofvenice.org

Distribution & Contact Verification Page 2

Fund #: ___________ **Fund Name:** ____

☐ We choose to receive the distribution from the above-named fund this year

☐ We choose **NOT** to receive the distribution from the above-named fund this year

Fund #: ___________ **Fund Name:** ____

☐ We choose to receive the distribution from the above-named fund this year

☐ We choose **NOT** to receive the distribution from the above-named fund this year

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