

ILLINOIS STATE COUNCIL K OF C CHARITIES, INC.



Council Name : #

City:

G.K.:

Date:

Needed by / /

REQUEST FOR DISTRIBUTION

Distribution requests are payable only to Intellectual Disabilities Organizations who are approved by Charities Inc and registered Charitable Organizations.

ACCOUNT BALANCE TO DISTRIBUTE: (Prior unspent balance +Line 5 of CURRENT Report Form)

ALL REQUESTS MUST INCLUDE COMPLETE MAILING ADDRESS

#	NAME	ADDRESS	AMOUNT
1		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
2		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
3		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
4		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
5		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
6		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
7		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	
8		Street: City: State: <input type="text"/> ZIP: <input type="text"/>	

Transfer to Illinois Homes Loan Program (a program of the Illinois State Council K of C Charities Inc.) **[Do not include if previously deducted on Homes Report]**

Please Mail These Checks to:	DISTRIBUTION AMOUNT REQUESTED	\$0.00
	NEW BALANCE [Account balance listed above minus distribution amount requested]	\$0.00

Name	
Title	GK Name
Address	
City, St, Zip	Phone #
Email Address	Email

NOTE: Completion of this form with GK Name constitutes official endorsement of this request and authorizes Illinois K of Charities to prepare checks as indicated above.