

**REQUEST FOR DISTRIBUTION OF BEQUEST FUNDS  
BROTHERS AND SISTERS OF ST FRANCIS – REGION 61**

RECIPENT NAME AND USE OF BEQUEST FUNDS	AMOUNT
Charity or Organization:	
Address:	
City/ State/ Zip Code:	
Telephone Number:	
Email Address:	
DESCRIPTION OF THE USE OF FUNDS AND AMOUNTS (maximum \$250)	
	\$
	\$
	\$
<b>TOTAL AMOUNT OF DISTRIBUTION</b>	\$

SIGNATURE: \_\_\_\_\_ POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

REQUESTOR'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY/STATE. \_\_\_\_\_

SIGNATURE REGIONAL TREASURER: \_\_\_\_\_

TREASURER'S REGIONAL STAMP:

FOR TREASURER'S USE ONLY

CHECK#: \_\_\_\_\_

DATE: \_\_\_\_\_

AMOUNT: \_\_\_\_\_