



Award Distribution Check Request

To request a distribution check please complete this form and submit to CHARITYSMITH either by fax at [530 999-2023](tel:5309992023) or by email at brenda@charitysmith.org. You will be notified of your distribution approval by email and will receive a check within 14 days. If this is a scholarship, the check must be made out to the educational institution with the student's name and/or ID number in the memo section of the check—please provide the correct information accordingly. If you have any questions, please contact Brenda Zimmerman at brenda@charitysmith.org.

Memorial Fund Name:

Date:

Memorial Fund Administrator:

Email:

This award is for a scholarship This award is for an organization **EIN:** _____

Award Check should be written out to: _____

Address to Send Check:

If different from above/ Memo/Award Recipient Name: _____

Scholarship recipient's ID number (if applicable): _____

Award Recipient's Address(if applicable): _____

Award Amount: \$ _____

If you would like the check to be sent priority mail please initial here: _____ Your fund will be charged a \$10 rush fee and the necessary postage.

Scholarship Description

Briefly describe the recipient and the selection process:

**By signing below, I attest that the award recipient is not related to me, by blood or marriage, or a friend.
Memorial Fund Administrator Signature**

Signature _____ Printed Name _____

Date: _____