

## **United Methodist Foundation of West Virginia, Inc. Distribution Request**

Date:	
Church / Ministry Name:	
Foundation account: (please provide account Number: Account Name:	ount name or account number)
Amount of Distribution:	
Special instructions:	
Check payable to:	
Mail to:	
OR	
Please note:  • Churches must provide a voided of Foundation to process the transfer	ately, but the ACH banking system requires 2-3 days for
Signature	Signature
Printed Name	Printed Name
Office	Office

You can mail, fax or email this form to us. Additional forms can be downloaded from our website. This form is NOT REQUIRED for distributions; a written request signed by the appropriate officers as outlined in the account Agreement will always suffice. Thank you for including the Foundation in the work of your ministry. If you have questions or if we can help you, please call.

**United Methodist Foundation of West Virginia, Inc.** 

PO Box 3811 Charleston, WV 25338-3811 (304) 342-2113 Fax: (304) 342-2632

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