



3700 Sixth Street, Suite 200
Riverside, CA 92501
P: 951.241.7777
F: 951.684.1911
www.iegives.org

Agency Distribution Request Form

Agency Name _____ **Profile I.D.** _____

Street Address _____

City/State/Zip _____

Fund Name _____ **Fund ID** _____

Amount **\$** _____ **Date** _____

***Authorized Agency Representative Name** *(Please print legibly)* _____ **Signature** _____

Title _____ **Email** _____

* Authorized representative name must be current in our database.

Please allow 7-10 business days for your request to be processed.

Mail, Email, or Fax the completed forms to:

Celia Cudiamat
Senior Vice President of Grants & Community Impact
Inland Empire Community Foundation
3700 Sixth Street, Suite 200
Riverside, CA 92501
P: 951.241-7777 Fax: 951.684.1911 Email: ccudiamat@iegives.org

Office use only:

Date Received: _____ Grant #: _____

Staff Initials: _____