

523 North Duluth Avenue  
Sioux Falls, SD 57104  
(605) 988-3788

## Catholic Community Foundation Withdrawal Request

Date \_\_\_\_\_

Account Name / City \_\_\_\_\_

Mailing Address \_\_\_\_\_

Account Number # \_\_\_\_\_  
(4 digit Foundation Account Number)

Amount \$ \_\_\_\_\_

Date Funds Needed \_\_\_\_\_

Signature \_\_\_\_\_  
(Signature of Authorized Signer)

Printed Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Please mail, fax or email this form to:

Catholic Foundation for Eastern South Dakota  
Attn: Mary Jo Hausmann  
523 North Duluth Avenue  
Sioux Falls, SD 57104  
email: mhausman@sfcatholic.org