

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

Catholic Community Foundation Withdrawal Request

Date _____

Account Name / City _____

Mailing Address _____

City / State / Zip _____

Account Number # _____
(4 digit Foundation Account Number only)

Amount \$ _____

Date Funds Needed _____

Signature _____
(Signature of Authorized Signer)

Printed Name _____

Phone Number _____

Please mail 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@ccfesd.org