



Leota Braun Charitable Foundation
PO Box 364
Rockford, OH 45882

**Leota Braun Charitable Foundation
Distribution Request**

Date: _____ Payee: _____

Leota Braun Fund: _____ Requested by: _____
Organization

Date Requested by	Amount Requested	Description of Expense

INSTRUCTIONS/NOTE to BOARD (if any):

Organization Representative: _____
Signature

Organization Representative: _____
Signature

.....
Approved by: _____
Leota Braun Board of Director/Title

Date Paid: _____ Check Number: _____

Please allow 48 hours for processing of your request for amounts less than \$2,000.
Any requests over \$2,000, please allow 7 – 10 business days.

Email this form to treasurer@leotabraun.org
Or, you may drop it off at the Rockford Village Hall
Questions? Contact Melanie, LBCF Treasurer at 419-305-1741