



RGF 1-96

REQUEST FOR RELEASE OF GRANT FUNDS

Grant Title _____ Grant Number _____

Chapter/Committee _____

Contact Person _____

Email _____ Phone _____

Fax _____

Send Check to: Name _____

Position _____

Address _____

Amount Requested _____ Amount Approved _____

Signature of Contact Person _____ Date _____

Send this completed form to the Trustees of the Foundation via email. Check email address at CISV USA website. The Foundation treasurer will release the funds within 10 business days.