LOUISIANA BAPTIST FOUNDATION

Charitable Distribution Request

P.O. Box 311
Alexandria, LA 71309-0311
(318) 445 - 4495
contact@LBFinfo.org

Date: ___ /___ /_____ Telephone: (____) ____ - ________

Donor/Advisor Name: ________________________________

Date Received: ___ /___ /_____

Approved: ______________

LBF Account #: ______________ **Account Name:** ______________

Name of Organization: ________________________________ $ ________

LBF OFFICE USE ONLY

Mailing Address: ________________________________

City: ______________ State: __________ Zip: ________

☐ Anonymous | ○ One-Time ○ Monthly ○ Quarterly ○ Annually: ________ (Specify Month)

Comments: ________________________________

Name of Organization: ________________________________ $ ________

LBF OFFICE USE ONLY

Mailing Address: ________________________________

City: ______________ State: __________ Zip: ________

☐ Anonymous | ○ One-Time ○ Monthly ○ Quarterly ○ Annually: ________ (Specify Month)

Comments: ________________________________

Name of Organization: ________________________________ $ ________

LBF OFFICE USE ONLY

Mailing Address: ________________________________

City: ______________ State: __________ Zip: ________

☐ Anonymous | ○ One-Time ○ Monthly ○ Quarterly ○ Annually: ________ (Specify Month)

Comments: ________________________________

Name of Organization: ________________________________ $ ________

LBF OFFICE USE ONLY

Mailing Address: ________________________________

City: ______________ State: __________ Zip: ________

☐ Anonymous | ○ One-Time ○ Monthly ○ Quarterly ○ Annually: ________ (Specify Month)

Comments: ________________________________

Donor/Advisor Signature: ________________________________