CATHOLIC DEVELOPMENT FOUNDATION

WITHDRAWAL REQUEST

(Requests honored same day as received.)

Date: _____ **Date Needed By:** _____ **or ASAP**

_____ **$** _____

Name of Entity (Parish/Institution) **Amount**

Mail To:

_____

_____

_____

Account Name: _____ **Account #** _____

_____ _____

Signature of Pastor/Lay Director/Authorized Individual **Signature of Pastor/Lay Director/Authorized Individual**
(Two signatures required)

Mail or Fax request to:	**Catholic Development Foundation** **c/o Diocese of Fargo Finance Office** **5201 Bishops Boulevard, Suite A** **Fargo, ND 58104-7605** **Finance Phone: 701-356-7930** **Finance FAX #: 701-356-7998**