



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
(Two signatures required)

Signature of Pastor/Lay Director/Authorized Individual

<p>MAIL OR FAX REQUEST TO:</p>	<p>Catholic Development Foundation c/o Diocese of Fargo Finance Office 5201 Bishop's Blvd. S, Suite A Fargo, ND 58104-7605</p> <p>Finance Phone: 701-356-7930 Finance Fax #: 701-356-7998</p>
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