

The Washington State Developmental Disabilities Endowment Trust Fund

Request for Disbursement- Account # _____

Date of Request: _____ **Beneficiary Name:** _____

Mail Payment To: _____

Address: _____

City/State/Zip: _____

Disbursement(s) Requested: (Include copies of any bills that you are requesting payment for)

Payable to: _____ Amount: \$ _____

For purchase of: _____

Payable to: _____ Amount: \$ _____

For purchase of: _____

Payable to: _____ Amount: \$ _____

For purchase of: _____

Signature of Primary Representative Date

Primary Representative Phone: _____

Please Mail to:
Endowment Trust Manager
The Arc of Washington State
2638 NE State Ave
Olympia, WA 98506

Contact Information:
Patti Bell, Trust Manager
Toll Free 1-888-754-8798
E-mail: patti@arcwa.org

Office use only below this line.....

Request granted: Yes No Receipt Received: _____/_____/_____

Disbursement Fee charged: Yes \$ _____ No

Approved by: _____ Date: _____/_____/_____

Make check payable to: _____ Amount: \$ _____

Make check payable to: _____ Amount: \$ _____

Make check payable to: _____ Amount: \$ _____