



523 North Duluth Avenue
Sioux Falls, SD 57104
Toll Free 1-888-246-3386

Catholic Foundation Withdrawal Request

Date _____

Account Name / City _____

Mailing Address _____

Account Number # _____
(4 digit Foundation Account Number)

Amount \$ _____

Date Funds Needed _____

Signature _____
(Signature of Authorized Signer)

Printed Name _____

Phone Number _____

Please mail, fax or email this form to:

Catholic Foundation for Eastern South Dakota
Attn: Mary Jo Hausmann
523 North Duluth Avenue
Sioux Falls, SD 57104
fax: (605) 334-2092
email: mhausman@sfcatholic.org