2820 Columbiana Road, Suite 103 Vestavia, AL 35216
Phone: 205.313.3915 | Fax: 205.313.3946
Email: info@alabamafamilytrust.com

CHARITABLE TRUST GRANT REQUEST FORM

Name of **Beneficiary**: ____

Beneficiary receives: ____ SSI ____ Medicaid ____Other

Requested by Representative:

____

Representative Telephone Number: (_______) _______-__________

Representative E-Mail: _____________________________________

PURPOSE: which **must** be for or on the behalf of the Beneficiary: (Detail information)

AMOUNT $________________

Payable to: ____

Address: ____

____

Under penalties of perjury, I declare that to the best of my knowledge and belief, this information is true, correct and complete.

Representative Signature: __________________________________ Date: ________________

 Rev 03-2020