



1006 Calloway Dr., Suite B
 Bakersfield, CA 93312
dcr@dssfgiving.org or glen@dssfgiving.org
 661-326-0603
 By Appointment: Tues/Wed/Thurs • 10:30 am-2:30 pm

Development Services Support Foundation (DSSF) Check Request – DSSF Giving Fund

The DSSF board reserves the right to approve or deny as they feel necessary.

Date of Request: _____

Emergency: (Invoice required if funeral) _____

Event: (DSSF Sample Budget Form and Event Request Form required)

Purpose of Request: (Give details and attach supporting documents i.e. invoice or receipts). Please submit a letter from the agency explaining why a donation is needed. The DSSF board wants to understand why the donation is needed.

REQUESTED AMOUNT:

\$

Make check payable to: _____

Mailing Address (print clearly) _____

City/State/Zip: _____

Requested By: _____ **Date** _____

Contact Number: _____

Approved by KRC Director of Client Services: _____ **Date** _____

Approved/Denied by Developmental Services Support Foundation

Approval/Denial Date: _____

Approved Amount: _____

Board Officer Signature: _____ **Date:** _____

- Please complete this form in completely in print or easy to read handwriting
- Approval of KRC Client Services Director required
- Invoices/Receipts/Budget must be submitted with request
- Check requests are reviewed at the board meetings (first Wednesday of every other month) or via email