

ROCKY MOUNTAIN CONFERENCE
METHODISTS HELPING METHODISTS FUND

303.778.6370 (office)

WITHDRAWAL REQUEST

Name on Account _____

Account Number # _____

Address

Amount to be withdrawn \$ _____

Reason for withdrawal _____

Authorized signature{s} for withdrawal:

Name: _____

Date: _____

Complete and mail, fax or email to the account manager.

**Rocky Mountain United Methodist Foundation Inc.
7350 E. Progress Pl. Suite 205
Greenwood Village, CO 80111**

303.777.6292 (fax)

email: accountmanager@RM-UMF.ORG