

## AUTHORIZATION TO DISPERSE FUNDS FROM RESIDENT TRUST ACCOUNT

Please complete this form if you wish to make a tax-deductible donation from a resident trust account to the **LiveWell iCare Fund**.

RESIDENT NAME: \_\_\_\_\_

I hereby request that \$\_\_\_\_\_ be disbursed from the above resident's trust account as a donation to the **LiveWell iCare Fund**.

I have read and understand this form.

\_\_\_\_\_  
Responsible Party Signature/Resident Representative

\_\_\_\_\_  
Date