
Check Request

Checks are issued on the 1st and 15th of every month.

Requestor Name: _____ Date: _____

Amount: \$ _____

Purpose: _____

Name of Fund: _____

Date Needed by: _____

Send check payable to:

Name _____ Attn: _____

Address _____

Authorized Signature

Date

If you have further questions, please call the Foundation office at 874-5450. Mail or Fax this form with accompanying supporting documentation for request to:



8366 Princeton-Glendale Rd., Suite A2
West Chester, OH 45069
513-874-5450
513-874-5472 Fax