

ENDOWMENT/FELLOWSHIP FUND

CHECK REQUEST

Date Requested _____

Date Needed _____

*Please request at least
30 days before presentation

Amount of Check _____

Endowment Fellowship

Name of Fund _____

Check Made Payable To:

Name: _____

Street Address/PO Box: _____

City/State/Zip Code: _____

Phone Number: _____

Purpose:

Requested By: _____ Date ____/____/____

Phone Number of person(s) requesting funds _____

Approved By: _____ Date ____/____/____

Regional Director Signature _____ Date ____/____/____

(When applicable)

Special Mailing Instructions _____

