

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:
(Student, school, or organization only)

Name: _____

Street Address/PO Box: _____

City/State/Zip Code: _____

Phone Number: _____

Requested By: _____ Date ___/___/___

Requester's Phone #: _____

Approved By: _____ Date ___/___/___

Regional Director Signature _____ Date ___/___/___
(when applicable)

Special Mailing Instructions _____
(Chapter, endowment holder, etc.) _____