

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 _____

Phone _____

Purpose

Requested By: _____ Date _____

Phone Number of person(s) requesting funds _____

Approved By: _____ Date _____

Regional Director Signature _____ Date _____
(When applicable)

Special Mailing Instructions _____
