

# ENDOWMENT/ FELLOWSHIP FUND

## CHECK REQUEST



***\*Please request at least 30 days before presentation***

### CHECK REQUEST INFORMATION

DATE REQUESTED:	DATE NEEDED:	AMOUNT OF CHECK: \$
NAME OF FUND:		<input type="checkbox"/> ENDOWMENT <input type="checkbox"/> FELLOWSHIP
REQUESTED BY:		
PHONE:	EMAIL:	

### CHECK DETAILS & MAILING INFORMATION

**CHECK MADE PAYABLE TO:** *(Student, school, or organization only)*

NAME:

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STREET ADDRESS/PO BOX:

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CITY:	STATE:	ZIP:
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PHONE:

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SPECIAL MAILING INSTRUCTIONS:  
*(Chapter, Endowment Holder, etc.)*

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### APPROVALS

APPROVED BY:	TITLE:	DATE:
REGIONAL DIRECTOR SIGNATURE: <i>(when applicable)</i>		DATE:

### RETURN REQUEST TO EAF AT LEAST 30 DAYS BEFORE CHECK IS NEEDED

**BY MAIL:** Educational Advancement Foundation / EAF  
5656 South Stony Island Avenue | Chicago, IL 60637

**BY EMAIL:** [akaeaf@akaeaf.net](mailto:akaeaf@akaeaf.net)  
**BY FAX:** 773-947-0277

**QUESTIONS? CONTACT EAF** — **PHONE:** 773-947-0026 | **EMAIL:** [akaeaf@akaeaf.net](mailto:akaeaf@akaeaf.net) | **WEBSITE:** [www.akaeaf.org](http://www.akaeaf.org)