

# 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 \_\_\_\_\_

\_\_\_\_\_

