

CAHU CHARITABLE COMMUNITY FOUNDATION

CHECK REQUEST FORM

Date: _____

Chapter Name: _____

Chairperson: _____

Phone: _____ FAX: _____

Email: _____

Amount of Check: \$` _____

Make check payable to: _____

Address: _____

City, State, Zip: _____

Is this check going to a:

Vendor for (specify what payment is for): _____

Charity (give charity's tax ID number): _____

Mail check to: _____

Address: _____

City, State, Zip: _____

On what date is check needed?: _____

PLEASE SEND THIS FORM TO:

CAHU FOUNDATION
Attn: Accounting Department
P.O. Box 1071, Fresno, CA 93714

CAHU CCF Tax ID# 94-3276189
Phone: 1-800-835-3924
FAX: 559-227-1463
Email: info@cahu.org