

# Check Request

**Trust Fund**  
Salem Lutheran Church  
1145 DeKalb Ave.  
Sycamore, IL 60178

Date :

Date Check needed :   
(7 day notice required)

Person Requesting Check:

Amount :

Charge:  Account

Project :

Authorized Signature :

Deliver Check to :

Mail Check to :

Attachments to Payment required

Check Number :