



Divine Mercy Catholic Church

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Check Request Form

Check Information		
Amount Requested:		Request Date:
Check Payable To:		Due Date:
Street Address:		
City:	State:	Zip Code:
Ministry/Organization Information		
Requested By:	<input type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check	
Ministry/Organization:	Authorized By:	
Explanation/Purpose:		

Prepared By:	Date:
Approved By:	Date:
Charge To:	