

PENNSYLVANIA STATE ASSOCIATION

I. B. P. O. ELKS OF THE WORLD

2024 CHECK REQUEST FORM

DEPARTMENT: _____

CHECKS WILL NOT BE ISSUED WITHOUT THE SIGNATURES OF THE STATE PRESIDENT, DIRECTOR AND DIRECTRESS.

NO.	DATE	NAME	ADDRESS	CITY-STATE-ZIP	FOR	AMT.
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COMMENTS:

STATE PRESIDENT: _____ STATE DIRECTOR: _____ STATE DIRECTRESS: _____