

StudentNet

Check Request

TODAY'S DATE ____/____/____
NAME OF PERSON MAKING THIS REQUEST _____
PHONE NUMBER (____) _____
EMAIL ADDRESS _____

AMOUNT REQUESTED \$ _____
PAYMENT DUE DATE ____/____/____
DESCRIPTION OF SERVICES OR PRODUCT PURCHASED _____

I HAVE ATTACHED AN INVOICE/STATEMENT. ____ YES ____ NO

MAKE CHECK PAYABLE TO _____
ATTENTION _____
ADDRESS (REQUIRED) _____
CITY _____ STATE _____ ZIP _____
FOR LINE _____

____ CHECK TO BE PICKED UP AT WESTMEADE BAPTIST CHURCH
OR

____ MAIL TO ABOVE ADDRESS
OR

____ MAIL TO _____
ATTENTION _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

MAIL TO: WESTMEADE BAPTIST CHURCH, 1626 RUNNYMEAD AV SW, DECATUR, AL 35601
FAX TO: 256-340-9562 EMAIL: BRANDON@WESTMEADEBAPTIST.ORG

OFFICE USE ONLY

APPROVED BY #1 _____ #2 _____
DATE ____/____/____
CHECK # _____