

LORD OF THE LAKES  
CHECK REQUEST FORM

PAYABLE TO: \_\_\_\_\_

DATE: \_\_\_\_\_

Street: \_\_\_\_\_

Amount: \_\_\_\_\_

P.O. Box \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Purpose:

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Account No. \_\_\_\_\_

Requested By: \_\_\_\_\_

Approved By: \_\_\_\_\_

Amount: \_\_\_\_\_