

# Milton Foundation for Education

## Check Request Form

1. To whom the check is to be written:

Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Fax \_\_\_\_\_  
\_\_\_\_\_ Email \_\_\_\_\_

2. Purpose (describe what money is for):

### Grants/Programs

- CGP (# and Name) \_\_\_\_\_  
 CFE/Year/School \_\_\_\_\_  
 Other \_\_\_\_\_

### Fundraising

- CFE \_\_\_\_\_  
 Monster Dash \_\_\_\_\_  
 Other \_\_\_\_\_

### Administrative

- Other \_\_\_\_\_

3. Date the check is needed: \_\_\_\_\_ Amount of check: \$ \_\_\_\_\_

4. Contact details of the person submitting this form (only if different from above):

Name \_\_\_\_\_ Telephone \_\_\_\_\_ Email \_\_\_\_\_

5. Authorizing Signature \_\_\_\_\_

Please submit form with receipts and any other related documents to:  
[miltonfe@bill.com](mailto:miltonfe@bill.com) or fax to (617) 687-2564.

Tax ID: 04-3307338

As a tax-exempt organization, we do not pay sales tax.