



CHECK REQUEST FORM

Milton Foundation for Education

DATE _____

P.O. Box 223

Milton, MA 02186

(617) 687-2564

miltonfe@bill.com

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

2. Date the check is needed: _____

Amount of Check: _____

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

Name:

Telephone:

Email:

THANK YOU

AUTHORIZED SIGNATURE _____

DATE _____

Please submit form with receipts and any other related documents to:

miltonfe@bill.com or fax to (617) 687-2564

TAX ID: 04-3307338

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