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## Check Request

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*Checks are issued on the 1<sup>st</sup> and 15<sup>th</sup> of every month.*

Requestor Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Purpose: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

Date Needed by: \_\_\_\_\_

Send check payable to:

Name \_\_\_\_\_ Attn: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

If you have further questions, please call the Foundation office at 513-874-5450. Mail, email or fax this form with any accompanying supporting documentation for request to:



8897 Cincinnati-Dayton Road  
West Chester, OH 45069  
513-874-5450  
513-874-5472 Fax

Scan & Email to: [Nancy.Fister@northerncincinnati.foundation](mailto:Nancy.Fister@northerncincinnati.foundation)

**You can now simply and securely submit a check request online through our DonorCentral portal – <https://northerncincinnati.donorcentral.com> – as well as view comprehensive information about your charitable fund.**

**Contact the Foundation office for help logging in.**