

SAVE OUR KIDS' MUSIC CHECK REQUEST

Name _____	Date _____
Phone _____	Email _____

Please issue a check Payable To _____ For \$ _____ -
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Please attach original receipt(s) or invoice(s).

Item Description	Program to Be Charged	Amount
1.		\$ -
2.		\$ -
3.		\$ -
4.		\$ -
5.		\$ -
6.		\$ -
7.		\$ -
8.		\$ -
9.		\$ -
10.		\$ -
11.		\$ -
12.		\$ -
CHECK TOTAL		\$ -

Please Deliver Check As Follows

Mail in the attached vendor envelope

Mail to the following address

Other _____

Please mail the Check Request Form with original receipt(s)/invoice(s) to:

SOKM
P.O. Box 2244
Camarillo, CA 93011-2244

Check Approved By _____ Date _____

Check Date _____ Check Number _____ Check Amount \$ _____