



October 1, 2018 – September 30, 2019  
**ARIZONA 4-H YOUTH FOUNDATION**  
*Check Request*

1. Check payable to: \_\_\_\_\_ Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
For: \_\_\_\_\_  
\_\_\_\_\_ Event Date: \_\_\_\_\_

Charge to:  
Account # \_\_\_\_\_ Title: \_\_\_\_\_ Amount \_\_\_\_\_  
Account # \_\_\_\_\_ Title: \_\_\_\_\_ Amount \_\_\_\_\_

*Mail Check to Payee:* \_\_\_\_\_ *Mail Check to Requestor:* \_\_\_\_\_

2. Check payable to: \_\_\_\_\_ Amount \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_  
For: \_\_\_\_\_  
\_\_\_\_\_ Event Date: \_\_\_\_\_

Charge to:  
Account # \_\_\_\_\_ Title: \_\_\_\_\_ Amount \_\_\_\_\_  
Account # \_\_\_\_\_ Title: \_\_\_\_\_ Amount \_\_\_\_\_

*Mail Check to Payee:* \_\_\_\_\_ *Mail Check to Requestor:* \_\_\_\_\_

Requestor: \_\_\_\_\_ County  
Title: \_\_\_\_\_ Director: \_\_\_\_\_  
Phone: \_\_\_\_\_ (or State Program Coordinator or Designee)  
Date: \_\_\_\_\_