



1099 Kempsville Road
Norfolk, Virginia 23502

NORFOLK SEVENTH-DAY
ADVENTIST CHURCH

CHECK REQUEST FORM

Date: _____

Ministry (where funds are to be allocated from): _____

Name of Petitioner:

(To whom is the check to be written): _____

Amount of request: _____

Explanation of requested funds: _____

Signature of Petitioner: _____

Ministry Leader printed name (if other than petitioner): _____

Signature: _____

Ministry Elder (Printed name): _____

Signature (Acknowledgement): _____