

St. Clare of Assisi Parish Check Request

Date: _____

Parish No. 291

Date Payment Needed: _____

Please return check via:

- Mail
- Hold at Rectory for pick-up
- School with my child

Make Check Payable To:

Name

Address

City

State

ZIP

Description	Amount	Class

Total

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Requested By: _____ Date:

Approved By: _____ Date:

→ **Receipts and Documentation Attached**