



WITHDRAWAL SLIP

FROM ACCOUNT NUMBER: _____ Amount: \$ _____

DOLLARS

(Amount written out for security purposes)

Reason for Withdrawal: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Is this a NEW address and/or phone? Yes No

Church (optional): _____ Date: _____

Required signature(s): Signature: _____ Signature: _____

Signature: _____ Signature: _____

Return this form to the foundation. Please make a copy for your records.

FOR OFFICE USE ONLY

Balance: \$ _____ Signature(s): _____ By: _____

March 2024