



**Rotary District 6970
York Foundation, Inc.**

CHECK REQUEST

When requesting funds from the York Foundation, please submit the following information:

Check payable to _____

Mail to Address _____

City, State, Zip _____

Amount Requested _____

Contact Information for person requesting check Ph: _____

E-mail: _____

**Rotary District 6970, York Foundation, Inc.
P. O. Box 47195
Jacksonville, Florida 32247**

THANK YOU FOR YOUR SUPPORT!

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