

Check Request from St. Therese Parish

9525 W Bluemound Rd, Milwaukee, WI 53226

All requests must be submitted to Dr. Guliano for approval.

Your Name _____	Date _____
Pay to: <input type="checkbox"/> Name above <input type="checkbox"/> Other: _____	
Check amount \$ _____ . _____	Acct # _____
Reason _____	
<input type="checkbox"/> Please call me when it's ready, I'll pick it up.	
<input type="checkbox"/> Please mail it to the following address: _____	
Approved _____	Date _____

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