



FISCAL SPONSOR CHECK REQUEST FORM
The Community Foundation of Herkimer & Oneida Counties, Inc.
2608 Genesee Street, Utica, NY 13502 | P: 315-735-8212 | F: 315-735-9363
foundationhoc.org

I, _____, request a check from the _____
Name of Requestor *Name of Fund*

in the amount of \$ _____ made payable to _____.
Amount *Organization Name*

Name of Requestor _____

Relationship to Organization _____

Signature _____ Date _____

*Please submit completed forms to Shannon Wheelock at swheelock@foundationhoc.org.
Requests must be received by noon on Tuesday to be processed in the weekly check run on Friday.*