



Community Foundation

LORAIN COUNTY

Grant Request Voucher

Date:	_____	
Fund Name:	_____	
Purpose of Check:	_____	
Endowment Representative:	_____	
Phone:	_____	Amount: _____
Comments or Special Instructions:	_____	

► Please complete this portion only if check is payable to or mailed to someone other than the Endowment:

Payee Name:	_____
Payee Address:	_____

FOR COMMUNITY FOUNDATION OFFICE USE ONLY

Grantee:	_____	Grant Type:	_____
Board Resolution	_____	Amount:	_____
Grant Date:	_____	Grant Entered:	_____
Payment Date:	_____	Grant Approved:	_____
Grant Cycle:	_____	Grant ID:	_____

Return Via:

Email: request@peoplewhocare.org
 Fax: 440-984-7399
 Mail: 9080 Leavitt Road, Elyria, OH 44035