Check Transmittal Form

Date:

FOR DEPOSIT:

1. _____ Check No _____ Name $ _____

_____ Check Date _____ Address

_____ City _____ State _____ Zip

2_____ Check No _____ Name $ _____

_____ Check Date _____ Address

_____ City _____ State _____ Zip

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3. _____ Check No _____ Name $ _____

_____ Check Date _____ Address

_____ City _____ State _____ Zip

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4. _____ Check No _____ Name $ _____

_____ Check Date _____ Address

_____ City _____ State _____ Zip

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5. _____ Check No _____ Name $ _____

_____ Check Date _____ Address

_____ City _____ State _____ Zip

BY:_____ TOTAL DEPOSIT: **$**_____

Send Premium:

TO:

- ☐ 1. ☐ Bible ☐ IGWT Booklet ☐ CTP Proclamation ☐ Other _____
- ☐ 2. ☐ Bible ☐ IGWT Booklet ☐ CTP Proclamation ☐ Other _____
- ☐ 3. ☐ Bible ☐ IGWT Booklet ☐ CTP Proclamation ☐ Other _____
- ☐ 4. ☐ Bible ☐ IGWT Booklet ☐ CTP Proclamation ☐ Other _____
- ☐ 5. ☐ Bible ☐ IGWT Booklet ☐ CTP Proclamation ☐ Other _____

{State} Prayer Caucus

Affiliated with the Congressional Prayer Caucus Foundation

Please email the form to JessicaYoung@CPCFoundation and cc Summer@CPCFoundation.com.