

Check # _____ Account # _____

Date: _____ Account # _____

PRESBYTERY OF WEST VIRGINIA
PO Box 11720, Charleston, WV 25339
Telephone: 304-744-7634

REQUEST TO PAY

PAY: Name: _____

Address: _____

AMOUNT: _____

COMMITTEE/ACCOUNT: _____

DESCRIPTION: _____

Authorized Signature _____

Date: _____

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