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## THE CHARITABLE CHECKING ACCOUNT<sup>SM</sup> Distribution Instructions

### Name of Charitable Checking Account

AMOUNT	ORGANIZATION'S COMPLETE OFFICIAL NAME <small>Address required for <b>first-time</b> distribution or address change only.</small>	<small>Special program, department, or instructions to be printed on check. If blank, check will indicate General Support.</small>	<small>For Office Use Only</small>
1) \$			Grant Number: _____ Nonprofit Status: _____
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