

**METROPOLITAN STATE UNIVERSITY OF DENVER FOUNDATION, INC.**  
**PO Box 173362, Campus Box 14 – Denver, CO 80217-3362**

**Check Request**

**DATE:** \_\_\_\_\_

**AMOUNT:** \_\_\_\_\_

**PAYEE:** \_\_\_\_\_

**SEND TO:** Please enter the address the check is to be sent to. If you prefer that the check be returned to you or held for pick up at the University Advancement reception desk, please indicate.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**TIN/SSN:** For payments to an individual for personal services rendered, please provide a completed W-9.

**PURPOSE:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**FOUNDATION ACCOUNT:** \_\_\_\_\_

**APPROVED:**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name of authorized Signature

To the extent possible, please include supporting documentation.