

**GWTA – IL
Check Request**

Date: _____ **Amt:** _____

Name: _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

For: _____

Signature: _____

Please attach receipt or copy of receipt to this request. Will pay when this is filled out completely and submitted to State Treasurer(s).

*Gladys or Dave Berkemeier
6955 State Route 4
Mascoutah, IL 62258*

GWTA – IL State Treasurers