

**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).

*Beth or Dale Landolt
461 Pokey Road
Pocahontas, IL 62275
GWTA – IL State Treasurers*