

**Texas Federation of Republican Women PAC**  
**515 Capital of Texas Highway, Suite 133**  
**Austin, TX 78746-3312**  
**512-477-1615 (office)**  
**tfrw@tfrw.org**

## **Check Request**

*To be used when requesting a TFRW check to be issued without a supporting invoice*

Please Make check payable to:

Name: \_\_\_\_\_

Occupation if to an individual (for PAC reporting): \_\_\_\_\_

Address: \_\_\_\_\_

City/ZIP \_\_\_\_\_

Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

Reason for this request (Please explain and attach documentation):

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**Total check amount**      \$ \_\_\_\_\_

Please mail to \_\_\_\_\_ Payee  
or to \_\_\_\_\_ TFRW member requesting check  
(show address below signature)

\_\_\_\_\_  
Signed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Approved

\_\_\_\_\_  
Date

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