

**Charlotte Country Day School  
Boosters Club Check Request**

Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Payable to: \_\_\_\_\_

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

\_\_\_\_\_

Phone: \_\_\_\_\_

**Please attached original bill/receipt**

Committee/Purpose: \_\_\_\_\_

Approved By: \_\_\_\_\_ Date: \_\_\_\_\_

**US Mail OR Leave in Boosters mailbox in Levine:**

**Ashley Kleiderer**

**6540 Greenway Bend Dr.**

**Charlotte, NC 28226**

**704-996-8447**

**ccdsboosterstreasurer@gmail.com**



Do not write below this line

Date: \_\_\_\_\_

Check #: \_\_\_\_\_

Payee: \_\_\_\_\_

Amount: \_\_\_\_\_ CCDS Account#

\_\_\_\_\_ NC State Tax 4.5%

\_\_\_\_\_ Meck. Tax 2.5%

\_\_\_\_\_ Meck. Tax 0.5%