

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

Date: _____ Amount: _____

Payable to: _____

Address: _____

Phone: _____

Please attached original bill/receipt

Committee/Purpose: _____

Approved By: _____ Date: _____

Leave in Boosters mailbox in Levine:

Attn: Charles Horton

OR

Scan/Email to:

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%