

**NM Rapids S.C. Request for Contribution Check**

Form must be completed and submitted with the contribution check prior to funds being distributed to the team. Checks and this form should be mailed to: NM Rapids SC Attn: Treasurer, 8220 La Mirada NE Suite 600, Albuquerque, New Mexico, 87109.

NM Rapids SC is a non-profit 501(c) Corporation, Employer ID Number: 31-1655044. This number may only be used by the contributor and may not be used for individual NM Rapids teams.

**Contribution From:**

**Check Number and Amount:**

**Date Requested:**

**Requested By (Team Name):**

**Check Made Payable To:**

**Address Check Mailed To:**

**Contact Person For Team:**

**Contact Person Information:**

**Special Instructions:**

**For NM Rapids SC Use Only**

**Date Received: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Check Deposited: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Treasurer Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**