

PLAN of PA (Planned Lifetime Assistance Network of Pennsylvania)

**P.O. Box 154
Wayne, PA 19087
Tel: 610-687-4036
Fax: 610-687-2716**

REQUEST for FUNDS from TRUST

**Please Note: 1) Use a separate Request for Funds from Trust form for each request
2) Entire form must be completed in order for request to be considered**

Name of Trust: _____

Date of Request: _____

Amount of Check being requested: \$ _____

Payable to (name): _____

Mail to (address): _____

City _____

State _____ Zip _____

Funds will be used for (attach documentation):

Name of person making request (print): _____

Signature of Person Making Request: _____

Phone Number of Person Making Request: (_____) _____

Relationship to Client (please check one):

- Client: _____
- Staff (specify): _____
- Family (specify): _____
- Other (specify): _____

Client Signature: _____