

Withdrawal

United Methodist Foundation for the
Tennessee-Western KY Conference

For Questions:

Sara Finger, UMFTWK Administrator

615-259-2008

sara.finger@umftwk.org

DATE:

TOTAL _____

Customer Details:

FUND NAME	
AMOUNT TO WITHDRAW	
PAY TO	
MAIL TO	
MEMO LINE	
REASON FOR WITHDRAWAL	

YOUR NAME	
ADDRESS	
PHONE	
EMAIL	

Notes

Thank You
