

Name (Family):

Name (child):

Note - this is not a real cheque, it's just a SOFund withdrawal slip. Do not include it with the bank deposits :)

DATE - -

Y Y Y Y M M D D

PAY to the order of

(What you are paying for with your SOFund money)

\$ _____

_____ /100 DOLLARS

(amount of SOFund that you want to use)



PCS SOFund
654 Agnes St.
Victoria BC V8Z 2E6

Signature _____

For Office use

PCS Account Name and #: _____

Development Dept: _____

Teachers - Please note that this is not a real cheque. Please submit it to the PCS Business Office.

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