**DATE:**

**TO:**

Cities United

2500 Montgomery #9

Louisville, KY 40212

**FROM:**

City Name

Address

City, State, Zip

­­­­­­­­­­­­­­­

|  |  |
| --- | --- |
| **DESCRIPTION** | **AMOUNT** |
| 2017 Cities United Convening City Stipend | 1,500.00 |
|  |  |
|  |  |
|  |  |
|  |  |
|  | $1,500.00 |

**TOTAL**

**Make check payable to:**

City or Organization (as approved by the city):

Address 1:

Address 2:

City: State: Zip:

**Send Check to**:

Name:

Address 1:

Address 2:

City: State: Zip:

Email Address:

Phone Number: