

DISASTER RELIEF PROGRAM

FUND REQUEST FORM 2008 (No. 9 or 10 on Structure Graph)

All Matching funds are to be given to the project for which the event was held.

Society Number _____ Name _____ City _____
has completed the following project:

(Check One)

- Parish Disaster Relief Program
 Community Disaster Relief Program

(Check One)

- Natural Disaster Project
 Financial Need Project

Date event was held _____

Number of Society Members Actively Involved _____

Was the Society Name and Number clearly identified as the sponsor or cosponsor in all publicity? Yes _____ No _____

Amount of funds raised.....\$ _____

Less expenses incurred during activity.....\$ _____

(Receipts or an itemized statement of expenses incurred during this activity must be included.)

Amount of matching funds requested.....\$ _____

(Funds matched at 100% up to \$1000)

Give a specific description of event: _____

Signature of Society Officer

Date

State Office Use Only

Matching funds from State Office _____

Check No. _____

Signature of State President

Date