

**FUND RAISER OR WORK PROJECT
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)

- Community Fund Raiser (Matching Funds Available)
- Community Work Project (Up to \$150 reimbursed for supplies)
- Parish Fund Raiser (Matching Funds Available)
- Parish Work Project (Up to \$150 reimbursed for supplies)

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 50% up to \$1,000)

Give a specific description of event: _____

Signature of Society Officer

Date

State Office Use Only

Matching funds from State Office _____ Check No. _____

Reimbursed funds from State Office _____ Check No. _____

Signature of State President

Date