

FEEDING FAMILIES ACROSS TEXAS

FUND REQUEST FORM 2020 (No. 10 on Structure Graph)

ANY funds given by the State Office as part of the Feeding Families program are to be given to a local food pantry or food distribution program, such as Meals on Wheels.

Society Number _____ Name _____ City _____

(Check One)

Fund Raiser (ex.: Bake Sale)

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

Work Project (ex.: Buying food, food drive, etc., receipts or inventory of food collected **must** be included)

Expenses incurred during activity.....\$ _____

Monies from Society Treasury

Amount taken out of treasury.....\$ _____

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

Up to \$200 per society, per year in combined fund raisers and work projects will be matched.

Date of event or meeting _____

Name of food pantry/program receiving donation _____

Please mail check to:

Name _____

Address _____

Signature of Society Officer

Date

State Office Use Only

Matching Funds from State Office _____ Check No. _____

Signature of President/CEO

Date