

PEOPLE HELPING PEOPLE PROGRAM

FUND REQUEST FORM 2020

(No. 8 or 9 on Structure Graph)

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

Society Number _____ Name _____ City _____

____ Community/Parish Fund Raiser (50% of funds raised will be matched up to \$1,000)

____ Community/Parish Work Project (Up to \$250 reimbursed for supplies per year)

____ Community/Parish Disaster Relief (100% of funds will be matched up to \$1,000)

Date event was held _____

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 funds requested.....\$ _____

Please mail check to:

Name _____

Address _____

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 President/CEO	_____ Date