

PEOPLE HELPING PEOPLE PROGRAM

FUND REQUEST FORM 2022

(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