

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
MATCHING FUNDS ELIGIBILITY FORM

Date _____ Branch _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

Activity _____ For the Benefit of _____

Date activity will take place? _____ Where? _____

Brief description of your activity and how your branch will carry out the plans____

Branch Officer's Signature _____

Member's Signature _____
(other than branch officer)

Mail to: Fraternal Department
24950 Chagrin Blvd.
Beachwood, OH 44122

Email: kelly@fcsla.org

For Home Office Use Only:

Approved by: _____ Date _____