

**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](mailto:kelly@fcsla.org)

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**For Home Office Use Only:**

Approved by: \_\_\_\_\_ Date \_\_\_\_\_