

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION **BRANCH MATCHING FUNDS REQUEST FOR PAYMENT**

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

Or

Email to: fraternal@fcscla.com

- Please send in this form no more than 30 days after the event.
- *With this form, remember to include verification of the event (i.e. a picture, financial statement, copy of receipts, event flyer, screenshot of event posting on social media, ad in newspaper or bulletin, or invitation).
- **Questions?** Fraternal Department: 800.464.4642 x1051 or fraternal@fcscla.com

Branch # (please use J,S,U,W,Z before number) _____ Funds generated from event \$ _____

Event _____ Event date _____

How many Branch members participated? _____ Total number of volunteers _____

How many attendees were at the event (An estimate is okay.)? _____

How was FCSLA promoted during the event? _____

How was the event promoted? _____

How did Branch members participate in the event? _____

Issue check to: _____
Name of charity or benevolent cause

Address _____ City _____ State _____ ZIP _____

Mail check to (if different than above): _____
Name

Address _____ City _____ State _____ ZIP _____

✓ ***Remember to include some form of verification of your event.**

Branch contact person for event (print) _____

Email _____ Phone _____

Branch Officer's name (print) _____

➤ Signature _____ Date _____

Branch member or District Fraternal Coordinator's name (print) _____

➤ Signature _____ Date _____

Home Office use only

Amount matched \$ _____

Approved by _____

Date _____