

FIRST CATHOLIC SLOVAK LADIES ASSOCIATION
MATCHING FUNDS REQUEST FOR PAYMENT FORM

Date _____ Branch _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Email _____

What was your Activity/Project? _____

Date the event took place? _____ Where? _____ Funds Generated _____

How many Branch Members participated? _____ Total of all volunteers _____

How many attended the event? _____ Did you take pictures? _____ (Send in with form.)

Was the FCSLA name prominently displayed at the site of the activity? _____

How did you promote the event and carry out your plan? (Brief Description) _____

The check should be issued to: _____
(Name of Charitable or Benevolent Cause)

Address _____ City _____ State _____ Zip Code _____

Check should be sent to: _____

Branch Officer's Signature _____ Member's Signature _____
(Other than Branch Officer)

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

For Home Office Use Only:

Approved by: _____ Date _____