

# 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](mailto: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](mailto: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 \_\_\_\_\_