

First **Catholic** Slovak **Ladies** Association

Matching Funds Eligibility Form

Date _____ Branch _____

Name _____ Phone Number _____

Address _____ City _____ State _____ Zip Code _____

Activity _____ For the Benefit of _____

When will the activity take place? _____ Where? _____

Brief description of implementation (how you will carry out your plan) _____

Branch Officer's Signature _____

Member's Signature _____
(other than branch officer)

Mail to: Sue Ann M. Seich, Fraternal & Youth Director
24950 Chagrin Blvd.
Beachwood, OH 44122
Email: sueann@fcsla.org

For Home Office Use Only:

Approved by: _____ Date _____

Comments: _____
