

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

## Matching Funds Request for Payment Form

Date \_\_\_\_\_ Branch \_\_\_\_\_

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Name of Activity/Project \_\_\_\_\_

Date the activity took place? \_\_\_\_\_ Where? \_\_\_\_\_

How many people did the activity help? \_\_\_\_\_ Funds Generated? \_\_\_\_\_

How many branch members participated \_\_\_\_\_

Total number of branch volunteers? \_\_\_\_\_ How many attended the event? \_\_\_\_\_

Was the FCSLA name prominently displayed at the site of the activity? \_\_\_\_\_

How did you promote the activity? \_\_\_\_\_

Did you take pictures? \_\_\_\_\_ (They should be sent with this form.)

Did you keep records/receipts? \_\_\_\_\_ (They should be attached to this form.)

Brief description of activity (how did you carry out your plan)? \_\_\_\_\_

\_\_\_\_\_  
(use back of form if needed)

The check should be issued to: \_\_\_\_\_

(Charitable or Benevolent Cause only)

Check should be sent to: \_\_\_\_\_

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 44122-5634

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### For Home Office Use Only:

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

Comments: \_\_\_\_\_

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