

**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 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

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**For Home Office Use Only:**

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

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