

**FIRST CATHOLIC SLOVAK LADIES ASSOCIATION**  
**DISTRICT MATCHING FUNDS ELIGIBILITY**

**Mail to:**

FCSLA Fraternal Department  
24950 Chagrin Blvd.  
Beachwood OH 44122

**or**

**Email to:** [fraternal@fcsla.com](mailto:fraternal@fcsla.com)

- Please send in this form for approval 30 days before your event.
- When the event is over, remember to send in the Request for Payment form with verification of your 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@fcsla.com](mailto:fraternal@fcsla.com)

District name & number \_\_\_\_\_

Event \_\_\_\_\_ Event date \_\_\_\_\_

Raising funds for \_\_\_\_\_ Event location \_\_\_\_\_

Description of the event, how FCSLA will be promoted, and District members' involvement \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

District contact person for event (print) \_\_\_\_\_

Address/City/State/ZIP \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

District Officer's name (print) \_\_\_\_\_

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_

District member or District Fraternal Coordinator's name (print) \_\_\_\_\_

➤ Signature \_\_\_\_\_ Date \_\_\_\_\_

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Home Office use only

Entered by \_\_\_\_\_ Date \_\_\_\_\_

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