



Branch Matching Funds Request for Payment

Mail to: FCSLA Life Fraternal Dept.
24950 Chagrin Blvd.
Beachwood OH 44122

Or

Email to: fraternal@fcsla.com

- Return this report no more than 30 days after the event, along with some type of document verifying your project such as a photo, copy of receipts, financial report, screenshot of social media announcement, newspaper or church bulletin ad, event flyer, etc.
- If you wish your event to be published in the *Fraternally Yours* magazine, please submit a write-up and photograph/s directly to National Editor Carolyn Bazik, PO Box 1617, Reading PA 19603 or email zjbazik@comcast.net.
- **Questions?** Fraternal Department: 800.464.4642 x1051 or fraternal@fcsla.com

Branch # (please use J,S,U,W,Z before number) _____ Funds generated from event \$ _____

Event _____ Event date _____

How many Branch members volunteered? _____ Total number of volunteers _____

How many people attended the event (estimate is okay)? _____

How did Branch members participate in the event? _____

How was FCSLA Life promoted during the event? _____

How was the event promoted? _____

Issue check to (name of charity or benevolent cause): _____

Address _____	City _____	State _____	ZIP _____
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Mail check to (if different than above): _____

Name

Address _____	City _____	State _____	ZIP _____
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Branch member to contact if there are questions (print) _____

Email _____ Phone _____

Signatures below must be real (not typed). Lines 1 and 2 cannot be the same person.

1. Branch officer (print name) _____

➤ Signature _____ Date _____

2. Branch member or District Fraternal Coordinator (print name) _____

➤ Signature _____ Date _____

Home Office use only: Approved by _____ Date _____ Amount matched \$ _____