



**Branch Matching Funds Eligibility**

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

**Or**

**Email to:** fraternal@fcsla.com

- **Please submit this form for event approval at least 30 days prior to event. Events already in progress will not be approved.**
- When the event is over, remember to send in the Request for Payment form 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) \_\_\_\_\_

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

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

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

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 \_\_\_\_\_

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Home Office use only

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

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