



**FEEDING FAMILIES
ACROSS TEXAS
FUND REQUEST FORM 2018**



**ANY funds given by the State Office as part
of the Feeding Families program
are to be given to a local food pantry.**

Society Number _____ Name _____ City _____

(Check One)

Fund Raiser (ex.: Bake Sale)

Amount of funds raised.....\$ _____

Work Project (ex.: Buying food, food drive, etc., receipts or inventory of food
collected **must** be included)

Expenses incurred during activity.....\$ _____

Monies from Society Treasury

Amount taken out of treasury.....\$ _____

Amount of funds requested.....\$ _____

Up to \$200 per society, per year in combined fund raisers and work projects will be matched.

Date of event or meeting _____

Name of food pantry to receive donation _____

Please mail check to:

Name _____

Address _____

Signature of Society Officer

Date

State Office Use Only

Matching Funds from State Office _____ Check No. _____

Signature of President/CEO

Date