

**PEOPLE HELPING PEOPLE PROGRAM**

**FUND REQUEST FORM 2017**

**(No. 9 or 10 on Structure Graph)**

All matching funds are to be given to the project for which the event was held.

Society Number \_\_\_\_\_ Name \_\_\_\_\_ City \_\_\_\_\_

\_\_\_\_ Community/Parish Fund Raiser (Up to 50% of funds raised will be matched)

\_\_\_\_ Community/Parish Work Project (Up to \$150 reimbursed for supplies)

\_\_\_\_ Community/Parish Disaster Relief (Up to 100% of funds will be matched)

Amount of funds raised.....\$ \_\_\_\_\_

Less expenses incurred during activity.....\$ \_\_\_\_\_

**(Receipts or an itemized statement of expenses incurred during this activity must be included.)**

Amount of funds requested.....\$ \_\_\_\_\_

\_\_\_\_\_  
Signature of Society Officer

\_\_\_\_\_  
Date

**State Office Use Only**

Matching funds from State Office \_\_\_\_\_ Check No. \_\_\_\_\_

Reimbursed funds from State Office \_\_\_\_\_ Check No. \_\_\_\_\_

\_\_\_\_\_  
Signature of State President

\_\_\_\_\_  
Date