IMPORTANT! This information must be completed for credit!

WOMEN OF THE MOOSE
155 SOUTH INTERNATIONAL DR
MOOSEHEART, ILLINOIS 60539-1100

CHAPTER NUMBER: _____
CHAPTER NAME: _____
STATE/PROVINCE: _____

# FORM 166

## 2011 – 2012 Chapter Year

Committee form for FUND RAISING AND SPECIAL PROJECTS. Each Chairman prepares and reads report at first Chapter Meeting after Fund Raising Project is held. When Committee has held more than one Fund Raising Project, complete this form covering all projects. Give to Senior Regent after the meeting.

**SEND THIS FORM TO WOMEN OF THE MOOSE HEADQUARTERS AFTER THE FUND RAISING PROJECT IS COMPLETE.**

**Committee Name** Health Awareness

**Chairman's Name** _____

**Number of Committee meetings held** _____

**Committee Fund Raising Project was** _____

**Date held** _____

**Place held** _____

**Number of Committee members present at Fund Raising Project** _____

**TOTAL PROCEEDS COLLECTED $**_____ **LESS EXPENSES $**_____ **NET PROFIT $** _____

Indicate amount approved for special project of Committee for Mooseheart and Moosehaven and any other civic or Chapter project on lines indicated below.

***Proceeds will be used for:*** ***Amount approved:***

_____ $_____

_____ $_____

_____ $_____

_____ (Date)

_____ (Committee Chairman)

_____ (Recorder)

_____ (Senior Regent)

_____ (PRINTED Name) (Phone #)

**Email completed form to: wotmmail@mooseintl.org**

Click Here



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