

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.**

|  |                             |
|--|-----------------------------|
| <b>Committee Name</b>  | <u>Membership/Retention</u> |
| <b>Chairman's Name</b>   | _____                       |
| <b>Number of Committee meetings held</b>                               | _____                       |
| <b>Committee Fund Raising Project was</b>                              | _____                       |
| <b>Date held</b>   | _____                       |
| <b>Place held</b>  | _____                       |
| <b>Number of Committee members present<br/>at Fund Raising Project</b> | _____                       |

|  |                                   |                                |
|--|-----------------------------------|--------------------------------|
| <b>TOTAL PROCEEDS<br/>COLLECTED \$</b> _____ | <b>LESS<br/>EXPENSES \$</b> _____ | <b>NET<br/>PROFIT \$</b> _____ |
|--|-----------------------------------|--------------------------------|

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

|  |                                |
|--|--------------------------------|
| <b><i>Proceeds will be used for:</i></b> | <b><i>Amount approved:</i></b> |
| _____                                    | \$ _____                       |
| _____                                    | \$ _____                       |
| _____                                    | \$ _____                       |

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Committee Chairman)

\_\_\_\_\_  
(Recorder)

\_\_\_\_\_  
(Senior Regent)

\_\_\_\_\_  
(PRINTED Name)

\_\_\_\_\_  
(Phone #)

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

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