

**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**  
**2018 – 2019 Chapter Year**

Committee form for **Higher Degrees – Academy of Friendship** 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** Higher Degrees – Academy of Friendship  
**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**                      **LESS**                      **NET**  
**COLLECTED \$** \_\_\_\_\_ **EXPENSES \$** \_\_\_\_\_ **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’s Signature)

\_\_\_\_\_  
(Recorder’s Signature)

\_\_\_\_\_  
(Senior Regent’s Signature)

\_\_\_\_\_  
(PRINT Recorder’s Name)                      (Phone #)

\_\_\_\_\_  
(PRINT Senior Regent’s Name)                      (Phone #)