

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 **Community Service – June** 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 Community Service – June

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

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

(Date)

(Committee Chairman's Signature)

(Recorder's Signature)

(Senior Regent's Signature)

(PRINT Recorder's Name) (Phone #)

(PRINT Senior Regent's Name) (Phone #)