

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 **Mooseheart/Moosehaven – August** 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** Mooseheart/Moosehaven – August  
**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** \_\_\_\_\_

<b>TOTAL PROCEEDS COLLECTED \$</b> _____	<b>LESS EXPENSES \$</b> _____	<b>NET PROFIT \$</b> _____
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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><b>Proceeds will be used for:</b></i>	<i><b>Amount approved:</b></i>
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

\_\_\_\_\_  
 (Committee Chairman’s Signature)

\_\_\_\_\_  
 (Recorder’s Signature)

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

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

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