## 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** 2019 – 2020 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 he	eld	
Committee Fund-Raising Project w	ras	
Date held	- <u></u>	
Place held		
Number of Committee members pr at Fund-Raising Project	esent	
TOTAL PROCEEDS LESS COLLECTED \$ EXPE	NET ENSES \$ PROFIT \$	
Indicate amount approved for special project civic or Chapter project on lines indicated below	ct of Committee for Mooseheart and Moosehaven and any otherwise.	
Proceeds will be used for:	Amount approved:	
	<u> </u>	
	<b>\$</b>	
	<b>\$</b>	
(Date)	(Committee Chairman's Signature)	
(Recorder's Signature)	(Senior Regent's Signature)	
(PRINT Recorder's Name) (Phone #)	(PRINT Senior Regent's Name) (Phone #)	