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 **Community Service – December** 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 – December**

**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 $** _____

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 #)