

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 **Higher Degrees – College of Regents** 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 – College of Regents
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 #)