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 – October** 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 – October**

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 #)