

**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**  
**2021-2022 Chapter Year**

Committee form for **Golden Gavel - January** 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** Golden Gavel - January

**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.

<b><i>Proceeds will be used for:</i></b>	<b><i>Amount approved:</i></b>
_____	\$ _____
_____	\$ _____
_____	\$ _____

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

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

\_\_\_\_\_  
(Treasurer's Signature)

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

\_\_\_\_\_  
(PRINT Treasurer's Name) (Phone #)

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