

WOMEN OF THE MOOSE  
155 SOUTH INTERNATIONAL DR  
MOOSEHEART, ILLINOIS 60539-1100

CHAPTER NUMBER: \_\_\_\_\_  
CHAPTER NAME: \_\_\_\_\_  
STATE/PROVINCE: \_\_\_\_\_

**FORM 166**  
**2023-2024 Chapter Year**

Committee form for **Mooseheart/Moosehaven - October** FUNDRAISING AND SPECIAL PROJECTS. Each Chairman prepares and reads report at first Chapter Meeting after Fundraising Project is held. When Committee has held more than one Fundraising 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 FUNDRAISING PROJECT IS COMPLETE.**

**Committee Name** Mooseheart/Moosehaven - October  
**Chairman's Name** \_\_\_\_\_  
**Number of Committee meetings held** \_\_\_\_\_  
**Committee Fundraising Project was** \_\_\_\_\_  
**Date held** \_\_\_\_\_  
**Place held** \_\_\_\_\_  
**Number of Committee members present  
at Fundraising Project** \_\_\_\_\_

<b>TOTAL PROCEEDS</b>	<b>LESS</b>	<b>NET</b>
<b>COLLECTED \$ _____</b>	<b>EXPENSES \$ _____</b>	<b>PROFIT \$ _____</b>

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 #)