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
2024-2025 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 _____

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)

_____ _____
(Treasurer's Signature) (Senior Regent's Signature)

_____ _____
(PRINT Treasurer's Name) (Phone #) (PRINT Senior Regent's Name) (Phone #)