

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 **Membership - September** 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 | <u>Membership - September</u> |
| 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.

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

(Date)

(Treasurer's Signature)

(PRINT Treasurer's Name) (Phone #)

(Committee Chairman's Signature)

(Senior Regent's Signature)

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