



**INTERNATIONAL FRATERNAL SERVICE PROGRAM
COUNCIL APPLICATION FOR REIMBURSED FUNDS**

Mail to: Royal Arcanum
Attn: IFS Fund Committee
61 Batterymarch Street
Boston, MA 02110

Or for fastest processing, email form and attachments to: **info@royalarcanum.com**

1. Name of Council: _____
2. Name of Project: _____
3. Amount / Cost of Donation: _____
4. Requested Reimbursement (1/2 of #3, \$1,000 maximum annually): _____
5. Date Council approved donation: _____
6. Date of donation: _____
7. Attach proof of donation: Acceptable proof is (a) A letter of acknowledgement from the charitable organization identifying the amount and date of donation; (b) a canceled check to the organization; (c) a bank statement showing the donation; or (d) dated receipts for project donation.

Mail this form and proof of donation to the above address. Any other brochure / description of the charitable cause being supported by the council project may be included with the council request for funds. If the application is approved, the Committee will request payment directly to the Council and notify the Council Secretary of its action. PLEASE ALLOW 30 DAYS FOR PROCESSING THE AWARD.

Please mail response to: _____ _____ _____ _____ Email: _____
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Respectfully submitted,

Council Officer

Council Officer Title