



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

To: **INTERNATIONAL FRATERNAL SERVICE FUND COMMITTEE**
61 Batterymarch Street
Boston, MA 02110

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 charitable organization; or (c) 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.

Respectfully submitted,

Secretary, Subordinate Council