



**PENNSYLVANIA STATE AUXILIARY FRATERNAL ORDER OF EAGLES
APPLICATION FOR CHARITY FUND GRANT**

*****ONLY 3 REQUESTS PER AUXILIARY ALLOWED****

****ONLY ONE (1) REQUEST PER CHARITY****

Please check what fund you are requesting a grant from:

(Note fund must be indicated or request will not be considered)

Dorothy Beattie Alzheimer	Lucille Lewis McGovern Arthritis
Josephine Marsden Cancer	Irene Kissell Children's
Patricia Lux Diabetes	Ruth Brennan Drug Abuse
Kate Prokopchak Golden Eagle	Dorothy Aber Heart
Ann Edinger Kidney	Adaline Navarra Muscular Dystrophy

Organization Grant is requested for:

Federal ID/EIN Number _____

*******Important Note: This number has to be supplied or we cannot issue a check*******

Institution/Organization: _____

Make Check Payable to: _____

Address _____

Phone _____

A letter must be attached to this form stating what the organization does or the grant will not be considered. You may also attach a brochure but there must be a letter with it.

At the regularly scheduled meeting of Auxiliary Name/No. _____

Held on _____ It was properly moved, seconded and approved to request a grant for the above organization from the Pennsylvania State Auxiliary, Fraternal Order of Eagles, Charity Committee.

Madam President

Madam Secretary

*****FOR CHARITY COMMITTEE USE*****

Grant to be taken from _____ Charity

Amount of grant _____

Charity Committee Signature