



# MATCHING FUNDS REQUEST FORM

(please type or print clearly)

Branch# \_\_\_\_\_ Email \_\_\_\_\_ Today's Date \_\_\_\_\_

Branch Location \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

## Fund-Raising Activities Held

EVENT	DATE (MM,DD, YY)	# OF MEMBERS INVOLVED	GROSS RECEIPTS	EXPENSES	*NET RAISED
1.			\$	\$	\$
2.			\$	\$	\$
3.			\$	\$	\$
4.			\$	\$	\$
5.			\$	\$	\$
6.			\$	\$	\$
7.			\$	\$	\$
8.			\$	\$	\$
9.			\$	\$	\$
		<b>TOTALS</b>		\$	\$

**Enclose verification for each event.** If co-sponsored, attach explanation stating with whom and in what way.

*I attest that the above is a true and accurate report of the fund-raising events of our Branch. Our Branch hereby requests Matching Funds from LCBA Home Office.*

\_\_\_\_\_  
Branch Officer  
(President, Treasurer or Secretary)

\_\_\_\_\_  
Branch Officer  
(President, Treasurer or Secretary)

PHONE # ( ) \_\_\_\_\_

PHONE # ( ) \_\_\_\_\_

**2 (two) signatures are required. If needed, use the reverse side or attach a separate sheet for additional events or explanations.**

Please send check to:

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

# **Loyal Christian Benefit Association**

## **Matching Funds Program**

The purpose of the Matching Funds Program is to encourage LCBA's Traditional Branches to hold fund-raising activities. LCBA offers to "match" the funds raised by a Traditional Branch **dollar for dollar to a maximum of \$2,000 per calendar year.**

### **Guidelines:**

1. LCBA Home Office pays Matching Fund Checks to the Traditional Branch. The amount to be matched must be the actual profit, i.e., after all expenses have been deducted from the gross receipts.
2. Verification of the events must be submitted and **MUST** show LCBA sponsorship. Acceptable verification is a sample ticket, advertisement, a copy of the deposit slip for the event or a photograph of the activity. **If an activity is co-sponsored, only that portion attributable to the LCBA sponsorship will be matched.**
3. Funds will be matched **dollar for dollar to a maximum of \$2,000.** Check requests are welcome throughout the calendar year for a minimum distribution of \$250. A final request for any given year can be made with the submission of the Branch Annual Report in the case of no requests having been submitted during the year or in the case of a fund-raising event taking place late in the calendar year as long as that request is for at least \$25.
4. The Matching Funds Request Form must accompany the request. The form must be signed by two officers. Matching Funds checks will be sent to the Branch Treasurer, and payable to the Branch.
5. **Send requests for Matching Funds to LCBA, Outreach Support Team, P.O. Box 13005, Erie, PA 16514-1305.**