



**Fraternal Order of Eagles
Charity Fund Department
1623 Gateway Circle So.
Grove City, OH 43123**



Universal Grant Request Form

Check One:

- | | | | |
|---|---------------------------------------|---|--|
| _____ Max Baer Heart Fund** | _____ Art Ehrmann Cancer Fund** | _____ Golden Age Eagle Fund** | |
| _____ (Drug Awareness Fund) | _____ (D.D. Dunlap Kidney Fund) ** | _____ (Alzheimer's Fund)** | |
| _____ (C.P.R. Fund) | _____ (Muscular Dystrophy Fund)** | _____ Lew Reed Spinal Cord Fund ** | |
| _____ Robert W. Hansen Diabetes Fund** | _____ Jimmy Durante Children's Fund** | _____ H.O.M.E. | |
| _____ Children's AIDS | _____ Child Abuse | _____ Parkinson's Fund | |
| <input type="checkbox"/> Regional Grant | <input type="checkbox"/> State Grant | <input type="checkbox"/> Local Aerie/Aux. | <input type="checkbox"/> International Grant |

Check one: Research _____ Educational Material _____ Equipment/Supplies _____

IRS Status: Non-Profit _____ IRS Tax Exempt Number _____ - _____

PLEASE PRINT or TYPE

Project Title: _____

Recipients Name: _____

Department/Site: _____

Address: _____ City _____

State/Prov. _____ Zip: _____ Phone#: _____ - _____ - _____

Check Payable To: _____

Presentation Date/Check needed by: _____

****ATTACH A BRIEF RESUME OF PROJECT ALONG WITH A STATEMENT THAT THE GRANT FUNDS WILL ONLY BE USED FOR RESEARCH, EDUCATION OR EQUIPMENT****

Request Submitted By Aerie/Auxiliary Name: _____ # _____ Date _____

AERIE & AUXILIARY PER-CAPITA TAXES MUST BE PAID

***H.O.M.E. DOES NOT REQUIRE STATE APPROVAL**

Date Approved By State/Provincial Executive Board: ____/____/____ Requested Grant Amount: \$ _____

State/Provincial President: _____ Date: ____/____/____

State/Provincial Secretary: _____ Date: ____/____/____ State/Prov. _____

******* FORWARD TO ABOVE ADDRESS *******

Fund Director Approval: _____ Date: _____ Amount: \$ _____