

## Matching Fund Form Part I - Verification

### Project

Our \_\_\_\_\_ will be conducting a project to raise funds for the benefit  
(Name of Member/Branch/District)

of \_\_\_\_\_ located  
(Name of not-for-profit organization)

\_\_\_\_\_. Our project  
(Full address of organization –street, city, state, zip)

\_\_\_\_\_  
(Brief description of project)

will begin on \_\_\_\_\_ and end on \_\_\_\_\_. We anticipate raising  
\$ \_\_\_\_\_ which will be matched by the LPSCU on the basis outlined in the Matching  
Fund Guidelines. We agree to abide by the Guidelines relative to LPSCU Matching Funds  
Program in order to qualify for this grant.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Member/Branch/District Secretary

### Donation

Our \_\_\_\_\_ will be donating funds for the benefit of  
(Name of Member/Branch/District)

\_\_\_\_\_ located  
(Name of not-for-profit organization)

\_\_\_\_\_. We will be donating  
(Full address of organization –street, city, state, zip)

\$ \_\_\_\_\_ which will be matched by the LPSCU on the basis outlined in the Matching  
Fund Guidelines. We agree to abide by the Guidelines relative to LPSCU Matching Funds  
Program in order to qualify for this grant.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Member/Branch/District Secretary