

## Matching Fund Form Part II – Summary

Our \_\_\_\_\_ has concluded its fund raising project for the benefit  
(Name of Member/Branch/District)

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

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

A presentation will be made to \_\_\_\_\_ on \_\_\_\_\_ by  
(Charitable Organization Officer)

Member/Branch/District Officers presenting \$\_\_\_\_\_ representing monies raised.

We request the matched funds be made by the LPSCU and sent to:

the Charity indicated above

the Member/Branch/District Officer for formal presentation

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

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