



Fraternal Order of Eagles
Charity Foundation
1623 Gateway Circle S
Grove City, OH 43123



Regional Grant Request Form

Choose ONE fund listed below:

_____ Alzheimer's & Neurological Fund _____ Golden Age Fund _____ Muscular Dystrophy Fund
_____ Cancer Fund _____ Heart Fund _____ Parkinson's Fund
_____ Children's Fund _____ Kidney Fund _____ Spinal Cord Injury Fund
_____ Diabetes Fund

☐ Research

☐ Educational Materials

☐ Equipment/Supplies

Proof of Exemption: **FEIN** - **OR Canadian Registration** _____

Department/Site: _____ Grant Amount Requested: \$2,500 or \$5,000

Address: _____ City: _____

State/Prov. _____ Zip: _____ Contact: _____ Phone: _____

Email address for organization's contact: _____

Check Payable to: _____

Region: _____ **Regional Conference Dates:** _____
(checks must be cashed within 90 days of issue date)

Regional Aerie President: _____ Date: ____/____/____

Regional Auxiliary President: _____ Date: ____/____/____

Submission Checklist:

- ☐ Grant Form Completed in Full
- ☐ Grant Form Signed and Dated by **Aerie** Regional President
- ☐ Grant Form Signed and Dated by **Auxiliary** Regional President

- ☐ Proof of Exemption – 501(c)(3) IRS Determination Letter **or** a copy of their Governmental Information Letter and statement of government exemption **or** Canadian Charitable Registration number
- ☐ Intent letter on recipient's letterhead detailing use of funds within grant guidelines and affirming no administrative use of funds