



**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