

CSA FRATERNAL LIFE XLI QUADRENNIAL CONVENTION DONATION REQUEST

Organization _____

Address _____

Phone _____ Fax _____

Contact Person _____

E-mail Address of Contact Person _____

Contact Person's Phone Number/Fax _____

Person or Lodge Requesting the Donation _____



Please explain in detail this organization's purpose or mission and what it does to promote Czech, Moravian, or Slovak culture or heritage:

*****PLEASE RETURN TO THE HOME OFFICE BY JULY 2ND, 2018*****

For Home Office use only.