

# **Western Fraternal Life**

1900 First Avenue NE, Cedar Rapids, IA 52402-5372

877-935-2467 • wflains@wflains.org

## **Member Matching Funds**

Western Fraternal will match lodge contributions made to any member if the following conditions are met:

1. Recipient must be a member in good standing.
2. Matching funds can be used for loss of home and personal property due to fire, wind, flood, or any other worthy cause.
3. Matching funds can be used for any injury that results in loss of limb, loss of sight, or permanent paralysis.
4. Local lodge must make a minimum contribution of \$50 before the Home Office will participate.
5. Maximum Home Office contribution for any one event will be limited to \$500.
6. Should more than one member in a household be affected by any one event, total contributions to the household will be limited to \$500.
7. There must be six lodge members actively involved in the fund raising event to qualify for matching funds.

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## Pre-Event Member Matching Funds Request Form

This form must be completed and returned to the home office at least two weeks *before* the fundraiser. You will be contacted before the event if the Home Office does not feel your lodge meets the criteria.

Date \_\_\_\_\_

Recipient's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Lodge No. \_\_\_\_\_

Date of loss or illness \_\_\_\_\_

Identify type of loss or illness: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Describe the fundraiser (include what will be done, number of lodge members who plan to help, other groups who may also help with fundraiser, date of fundraiser) attach an extra page if needed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other remarks: \_\_\_\_\_

\_\_\_\_\_

Completed by \_\_\_\_\_

Lodge No. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Return to the Fraternal Department, Western Fraternal Life, 1900 First Avenue NE, Cedar Rapids, IA 52402 or wflains@wflains.org

Home Office Use Only

Received \_\_\_\_\_

E.C. \_\_\_\_\_

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## Post Event Member Matching Funds Request Form

**Please complete and send this form into the Home Office after event is over. Include a copy of the check the lodge donated to the event. Include any documentation about event (flyers, newspaper articles, photos).**

Date \_\_\_\_\_

Recipients Name \_\_\_\_\_

Date of loss/illness \_\_\_\_\_ Identify type of loss or illness \_\_\_\_\_

List the lodge members who helped with the project and what they did: \_\_\_\_\_

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Describe the fundraiser (include what was done, food or items donated by the lodge or lodge members): \_\_\_\_\_

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Amount of money raised by the lodge \$ \_\_\_\_\_ Total amount raised \$ \_\_\_\_\_

Other remarks \_\_\_\_\_

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Completed by \_\_\_\_\_ Lodge No. \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

Return to the Fraternal Department, Western Fraternal Life, 1900 First Avenue NE, Cedar Rapids, IA 52402 or wflains@wflains.org

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Received \_\_\_\_\_

E.C. \_\_\_\_\_