

**NSS Matching Funds Program
Assembly/Region
Verification of Charitable**



Our Assembly/Circle/Region # _____ will be conducting a fundraising project for the benefit of (name of charity) _____ located at (address) _____ Phone _____ (name of charity officer) _____

This fund drive will begin on _____ and end on _____ It is anticipated to raise \$ _____ which will be matched by the NSS on the basis of the formula as adopted by the National Assembly and outlined in the Matching Funds Guidelines. Our Assembly/Circle/Region agrees to abide by the rules and regulations relative to this NSS Matching Funds Program in order to qualify of our grant.

Approval and Validation of NSS Matching Funds Project by Charitable Entity

We, (name of charity) _____ located at (address) _____ hereby acknowledge that we are aware of any grant approval to Assembly/Circle/Region _____ to assist our organization in the above fundraising project. Further, the name of our charitable entity may be used in any and all approved advertising or solicitation of funds on our behalf. With this signature we also verify that this charitable event above has concluded and we have received the donation as indicated below.

Date _____ Signature of Charitable Organization Officer _____
Phone _____

Important: Please keep this form until the conclusion of the event. Include all required signatures.

Acknowledgement of Conclusion of NSS Matching Funds Project by Assembly/Circle/Region

We, Assembly/Circle/Region # _____ have conducted our fundraising project for the benefit of _____ The fund drive began on _____, ended on _____ and raised \$ _____.

For a Region Event, list each Assembly that had representation at this event

We request the match of funds, up to **\$500.00**, be made by the National Slovak Society as indicated below

Please mail check to: _____ the Charity indicated above
_____ the Assembly/Circle/Region officer for formal presentation

Date _____ Signature of Assembly/Circle/Region Officer _____