



*Illinois Women of Today
Friendship Fund*

Date _____

Name of Chapter/Individual: _____

Address Check to be Sent (if approved): _____

Beneficiary (Member/Chapter/Community): _____

What will funds be used for? _____

Amount Requested (\$200.00 max benefits): _____

Was this previously requested? _____

If so, was it approved? _____

Approval Date: _____

Amount Approved: _____ *Check #* _____

Signed by State President: _____

Signed by State Treasurer: _____