

# Oregon State Grange Foundation

## Kitty Thomas Hearing Impaired Fund

Expenses (out of pocket) incurred during the current year.

Date submitted \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

State: \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_

Amount Requested \$ \_\_\_\_\_ up to a cap of \$500.00 annually

Provide copies of receipts.

Submit this form before December 31.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Mail this form and receipts to:

Oregon State Grange Foundation  
643 Union St NE  
Salem OR 97301