

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