



financial life

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PROJECT SUMMARY – POP-UP IMPACT TEAM PROGRAM

RETURN WITHIN 30 DAYS OF THE EVENT TO THE OUTREACH AND ENGAGEMENT DEPARTMENT.

An individual beneficial member (age 16+) may gather their friends and family together to create an event 2x/year.

Contact Name: _____

Primary Phone No: _____ Email: _____

Event Name: _____

Event Date: _____

Date: _____

1) Summary

Tell us about highlights, special guests, reactions, etc.

Please submit receipts to the Home Office. Was all the project seed money was spent? Yes No

If no, please return VISA gift card to the Home Office. Please submit receipts to the Home Office.

Please check type of project and indicate necessary information:

Project was a Service Activity:

Number of Your Volunteers: _____

Length of Event: _____

Project was a Fundraiser:

Number of Your Volunteers: _____

Length of Event: _____

Items Collected and Quantity: _____

Number of Attendees: _____

Funds Raised: _____

Project was an Educational Event:

Number of Your Volunteers: _____

Length of Event: _____

Number of Attendees: _____

