



financial life

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Schaumburg, IL 60173
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APPLICATION – POP-UP IMPACT TEAM PROGRAM

NOTE: THIS APPLICATION MUST BE RECEIVED BY THE OUTREACH AND ENGAGEMENT DEPARTMENT 30-120 DAYS PRIOR TO THE EVENT FOR APPROVAL. ANY QUESTIONS CONTACT 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: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

How did you hear about 1891 Financial Life Pop-Up Impact Teams?

Date: _____

1) Description of the Fundraiser / Project:

\$250 pre-paid VISA card will be sent as seed money. The money must be used for event costs only. The seed money must be spent within 120 days from receipt/activation. Any unused seed money will be returned.

Service Activity Fundraiser Educational Event Other: _____

Event Name: _____

What organization / cause will benefit from this project? _____

Description: _____

Event Date: _____ **Event Time:** _____

Is this project associated with a church? If yes, name of church where the event is taking place.

Event Location: _____

How many volunteers will participate on the pop-up team? _____

Volunteer List: Team participants may include members or nonmembers of all ages.

Tell us how you will use the seed money to kick-start your project:

2) Promotion And Awareness: See press release information in step 3.

Each event will receive a Pop-Up Impact Team event box. Boxes contain t-shirts, banners and other appropriate marketing material along with your seed money.

T-SHIRTS: You may order a maximum of 25 t-shirts in a variety of sizes. How many t-shirts: _____

Sizes: _____

HOW MANY: Invitations: _____ Banners: _____ Thank-you cards: _____

PLEASE CHECK ONE:

Member Promotes Event: Publicize in your local newspaper, parish bulletin, school newsletter, and anywhere in your community that will raise awareness for your event and cause.

All communication regarding the event must be approved by the Home Office, **please send us a sample with THIS application 60 DAYS before the event.**

Remember to include our full name, "1891 Financial Life."

Home Office Promotes Event: We will send up to 50 flyers (1/2 sheets = 100), if you require more we will send a master for you to run the extra copies.

How many flyers: _____

Which size: 1/2 sheet (8.5" x 5.5) Hand-out (8.5" x 11") Hang (11" x 17")

Other: _____

Additional information for the flyer; please use blank sheet if you need more space:

3) Press Release: Please complete this section for your local press releases.

Local newspaper name for your press release, please include their e-mail address or website:

Member's name and phone number for contact information to be printed with your press release:

4) Member Signature:

**PLEASE READ THE POP-UP IMPACT TEAM GUIDELINES PRIOR TO SIGNING OFF ON THIS APPLICATION.
ALL REQUIREMENTS MUST BE MET TO RECEIVE APPROVAL.**

I attest, as a beneficial member of 1891 Financial Life and contact leader, that the guidelines for participation in the Pop-Up Impact Team program have been reviewed and understood.

CONTACT SIGNATURE: _____

Please submit this form to:

1891 Financial Life Outreach and Engagement

200 N. Martingale Rd., Ste. 405, Schaumburg, IL 60173

FAX: (847) 342-4556 • Email: outreach@1891FinancialLife.com

HOME OFFICE USE:

App No: # _____ Approval given by: _____ Date: _____

1st Pop-Up 2nd Pop-Up