



financial life

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NATIONAL PROJECT SUMMARY

Alzheimer's Support

PLEASE TYPE OR PRINT CLEARLY

Court / Impact Team Name and Number: _____

Date of Event(s): _____ Amount Raised: _____

CHOOSE A LOCAL GROUP, Example: local Caregiver Organization or your local Alzheimer's Chapter (ask them to mark the funds for education for professionals and caregivers, not for research)

Funds Went To:

Project Key: *Our Court / Impact Team participated in this/these project(s).*

- PROJECT 1:** canisters, recycling
- PROJECT 2:** bake, coffee or garage sales
- PROJECT 3:** breakfast, luncheon
- PROJECT 4:** bingo or card party
- PROJECT 5:** treasury donation
- PROJECT 6:** memory walk
- PROJECT 7:** OTHER: _____

Event Summary — Enclose pictures if available!

Please tell us a little about your event! We would like to feature these events in a future magazine. Printed or digital pictures are appreciated for the 1891 Financial Life magazine, website, press release, or social media coverage, and cannot be returned.

ONE OFFICER SIGNATURE REQUIRED:

POSITION PRINT NAME SIGNATURE

EMAIL PHONE DATE

Please submit this form no later than postmark December 1 of the current year to:

1891 Financial Life Outreach and Engagement
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