



RELIGIOUS LIFE EDUCATION FUND Matching Funds

1) From Court / Impact Team

Grant Year: _____ Host Court / Impact Team Name and No: _____

Diocese: _____ Date of Meeting: _____

Donations will be matched up to \$400 annually each Diocese or Region by the Home Office.
Money donated is made available to men or women who are studying for religious life. The recipient must use the funds for **education expenses** such as books, tuition, registration fees, etc.

Court / Impact Team Name: _____ No: _____ Amount raised: \$ _____

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Court / Impact Team Name: _____ No: _____ Amount raised: \$ _____

Court / Impact Team Name: _____ No: _____ Amount raised: \$ _____

Court / Impact Team Name: _____ No: _____ Amount raised: \$ _____

Attach more sheets if needed.

TOTAL AMOUNT RAISED BY COURT / IMPACT TEAMS: \$ _____

Host Court / Impact Team Contact Person: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

SUBMIT TO THE OUTREACH AND ENGAGEMENT DEPARTMENT *TWO WEEKS PRIOR TO YOUR ASSOCIATION MEETING IF THE CHECK WILL BE PRESENTED AT THE EVENT:*

1891 Financial Life Outreach and Engagement
200 N. Martingale Rd., Ste. 405, Schaumburg, IL 60173
FAX: (847) 342-4556 • Email: Outreach@1891FinancialLife.com

Recipient Name (Unless otherwise specified): _____

If check is to be mailed directly:

Address: _____

City: _____ State: _____ ZIP: _____

2) From Individual Members

Grant Year: _____

Diocese: _____

Individual donations from members will be matched up to \$100 per donation.

Donations will be made to a designated program sponsoring individuals studying for the Catholic religious life. The recipient must use the funds for **education expenses** such as books, tuition, registration fees, etc.

Name: _____

Amount raised: \$ _____

Name: _____

Amount raised: \$ _____

Name: _____

Amount raised: \$ _____

Name: _____

Amount raised: \$ _____

Name: _____

Amount raised: \$ _____

Name: _____

Amount raised: \$ _____

Attach more sheets if needed.

TOTAL AMOUNT RAISED BY MEMBER: \$ _____

Member Name: _____

Address / Apt. No: _____

City: _____ State: _____ ZIP: _____

Primary Phone No: _____ Email: _____

SUBMIT TO THE OUTREACH AND ENGAGEMENT:

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