



# financial life

200 N. Martingale Rd., Ste. 405  
Schaumburg, IL 60173  
847-342-4500  
info@1891FinancialLife.com  
www.1891FinancialLife.com

## PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

Thank you for giving back by hosting a Hearts and Hands fundraiser on behalf of 1891 Financial Life!

*RETURN WITHIN 30 DAYS OF THE EVENT TO THE OUTREACH AND ENGAGEMENT DEPT. FOR REIMBURSEMENT APPROVAL.*

Impact Team Name and No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Project Name: \_\_\_\_\_ Date of Event: \_\_\_\_\_

Sole Sponsor (*had MAJOR decision making responsibility*)     Co-Sponsored (*assisted others*)

### 1) Volunteer Sign In:

**Minimum 5 to qualify.** Please have all volunteers sign in on the separate 'Volunteer Sign In Sheet' sheet on page 3.

How many 1891 members volunteered at the event? \_\_\_\_\_ Estimate of how many people attended? \_\_\_\_\_

### 2) Share Your Success: Send Photos and Video!

Printed photos of the event mailed with form, or  Digital items emailed to [outreach@1891FinancialLife.com](mailto:outreach@1891FinancialLife.com)

Tell us about highlights, special guests, reactions, etc.: \_\_\_\_\_

---

---

---

### 3) Matching Funds: The Check Information

The matching funds check cannot be payable to your Impact Team; it can be payable to any parish or community organization. If the event is to assist an individual or family, the check must be made payable to a bank trust (or similar account) on their behalf.

Check should be made payable to: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

**Check will be mailed to Impact Team officer for presentation:**

Officer Name: \_\_\_\_\_ Position: \_\_\_\_\_

Address / Apt. No: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Please take photos of the check presentation and submit them to the outreach department.

#### 4) Original Paperwork

#### FINANCE SUMMARY

Income: Hearts and Hands project ..... \$ \_\_\_\_\_

Total in cash donations ..... \$ \_\_\_\_\_

**TOTAL PROCEEDS** ..... \$ \_\_\_\_\_

This amount is to be deposited into Impact Team's bank.  
Attach **original** bank deposit.

List project expenses to be deducted from proceeds.  
Include **original** receipts for expenses.

---

---

---

---

---

Subtract project expenses ..... \$ - \_\_\_\_\_

**NET PROCEEDS** ..... \$ \_\_\_\_\_

#### SUMMARY CHECKLIST

Please make sure you have completed the following items with this summary form to ensure proper funding.

- Minimum 5 members have signed in
- Bulletin ad or other printed or digital promotion
- Proper original expense receipts
- Photos of the event are included or emailed to: [outreach@1891FinancialLife.com](mailto:outreach@1891FinancialLife.com)

##### **Co-sponsored fundraiser:**

- proof of funds received. Ex: a thank you letter from the recipient on their letterhead with the \$ amount received stated in the letter.

##### **Sole sponsored event:**

- Deposit receipt
- Copy of cleared check made out to recipient

#### ENTIRE PROCEEDS MUST BE DONATED TO THE RECIPIENT.

Impact Team should not keep any portion of the proceeds.

#### 5) Your Impact Team's Verification

- 1) Please attach publicity and verification of your project. These may include newspaper articles, parish bulletins or a letter of acknowledgement from the recipient(s).
- 2) Don't forget Step 2: Share Your Success! Send a picture of the event or check presentation – may be used in the 1891 Financial Life newsletter, website, press release, or social media coverage.

#### ONE OFFICER SIGNATURE REQUIRED:

POSITION

PRINT NAME

SIGNATURE

EMAIL

PHONE

DATE

**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](mailto:outreach@1891FinancialLife.com)

**HOME OFFICE USE:** App No: # \_\_\_\_\_ Approval given by: \_\_\_\_\_ Date: \_\_\_\_\_

Sole Sponsored     Co-Sponsored    Voucher Date: \_\_\_\_\_

Matched to Date: \$ \_\_\_\_\_ Amount of matching check: \$ \_\_\_\_\_ Available Balance: \$ \_\_\_\_\_

Project Summary Denied by: \_\_\_\_\_ Date: \_\_\_\_\_

Reason: \_\_\_\_\_

## Volunteer Sign In Sheet

Thank you for volunteering! By providing your details, you agree we may contact you for event updates, future opportunities, and important information.

**PLEASE PRINT**

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

## Volunteer Sign In Sheet

Thank you for volunteering! By providing your details, you agree we may contact you for event updates, future opportunities, and important information.

**PLEASE PRINT**

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member

**Name:** \_\_\_\_\_

Email address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please check one:  Beneficial Member  Social Member  Not a member