200 N. Martingale Rd., Ste. 405
Schaumburg, IL 60173
847-342-4500
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 MATCHING FUNDS 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**

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 a 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 account if this was a sole sponsored fundraiser. Attach **original** bank deposit receipt.

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**

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. Ex: "Thank you [Impact Team name and number] for helping us raise [amount raised] for [cause].

Sole sponsored event:

☐ Deposit receipt

ENTIRE PROCEEDS MUST BE DONATED TO THE RECIPIENT.
Impact Team should not keep any portion of the proceeds.

5) 1891 Financial Life Acknowledgement

Did an Impact Team officer, Home Office representative, or agent get in front of the crowd and speak about 1891 Financial Life? ☐ Yes ☐ No. Why not? _____

_____

6) 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

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:_____

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