

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

PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

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

Court / Impact Team Name and	No:		· · · · · · · · · · · · · · · · · · ·				
	State:						
	Phone: Emai						
Project Name:	Date of Event:						
Sole Sponsor (had MAJOR	decision mak	king responsi	bility)	Co-Sponsored (as	ssisted others)		
1) Event Sign In / Media Re	elease:						
Minimum 5 to qualify. Please hacknowledge their media release image (photographs and/or vide If you need more space, use a strotal Number of Attendees at the	e; parent plea o) for use in eparate shee	ase initial for 1891 Financi et of paper.	child. I	grant permission to 189	91 Financial Life to	use my	
NAME	MEMBER?	MEDIA RELEASE	NAN	IE	MEMBER?	MEDIA RELEASE	
2) Share Your Success: S	end Photos	s and Video	!				
Printed photos of the event r	nailed with fo	orm, or \square D	igital ite	ems emailed to outreac	:h@1891Financia	ILife.com	
Tell us about highlights, special			•				
	,	,					
3) Matching Funds: The C	heck Inforr	mation					
The matching funds check cannocommunity organization. If the e trust (or similar account) on their	vent is to ass						
Check should be made payable	to:						
Address / Apt. No:						· · · · · · · · · · · · · · · · · · ·	
City:					ZIP:		

Officer Name:	•	•					
Address / Apt. No:							
				ZIP:			
4) Original Paperwork							
FINANCE SUMMARY		SUMMA	SUMMARY CHECKLIST				
Total in cash donations TOTAL PROCEEDS This amount is to be deposing team's bank. Attach origin List project expenses to be include original receipts for the second original receipts. Subtract project expenses NET PROCEEDS	e: Hearts and Hands project\$			Please make sure you have completed the following requirements prior to submitting your summary to ensure proper funding. Minimum 5 members have signed in Bulletin ad or other printed promotion is attached Proper expense receipts are attached Proper bank deposit slip is attached (required) Proof of funds received for a co-sponsored event. EX: a thank you letter from the recipient on their letterhead; the \$ amount received is mentioned in the letter. Photos of the event are included or emailed to: outreach@1891FinancialLife.com			
5) Your Court / Impact 1	eam's Verification						
a letter of acknowledgerDon't forget Step 2: Sha	ent from the recipient(s).	oicture* of the even	t or check pre				
ONE OFFICER SIGNATURE		siedse, or social me	sula coverage				
POSITION	RINT NAME	S	SIGNATURE				
MAIL PHONE			DATE				
PLEASE SUBMIT THIS FOR Schaumburg, IL 60173 • FA				00 N. Martingale Rd., Ste. 405 com			
HOME OFFICE USE: App	No: # Approval give	en by:		Date:			
Sole Sponsored Co							
Matched to Date: \$ Amount of matching check: \$_			Availal	ole Balance: \$			
Project Summary Denied by	:	Date: _					
Reason:							