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MATCH FUND PROGRAM APPLICATION

Chapter number: _____ Name/Location: _____

Date of event: _____ Fund-raiser number: _____

GUIDELINES

1. A chapter may request a maximum of \$2,500 in Match Funds from the home office each calendar year. \$500 of that amount is restricted to benefit the Society of St. Vincent de Paul.
2. The maximum match for an event is \$1,000.
3. A chapter may sponsor multiple fund-raising events for the same recipient for a total maximum match of \$1,000 per calendar year. **(A parish, its school and all groups formed by the parish are viewed as the same recipient.)**
4. An application must be completed and sent to the fraternal department at least one month in advance of the event. A minimum of five Catholic Financial Life members must be involved in the event to receive Match Funds. The chapter secretary will be notified as to whether or not the project is approved. **Do not make a commitment of Match Funds until approval is received.** If more than one chapter is involved in the event, each should submit its own application for Match Funds. The total amount matched may not exceed the actual net proceeds from the event.
5. There are three levels of sponsorship:
 - **Full sponsorship** — Chapter is lead organizing body. 100% of net proceeds will be credited to Catholic Financial Life
 - **Co-sponsorship** — Chapter is lead organizing body for an aspect of the event or provides significant volunteer support. A percentage of net proceeds will be credited to Catholic Financial Life, to be determined by chapter
 - **Limited sponsorship** — Chapter takes no leadership role in the event and provides limited volunteer support. The net proceeds reported should be limited to the amount matched by Catholic Financial Life.
6. When completing the Chapter Activity Report, adjust the net proceeds to reflect your level of sponsorship as indicated below. To receive a Match Fund check from the home office, submit the completed Activity Report to the fraternal department after the event.

FUND-RAISER

Recipient/Check payable to: _____ City/Town: _____

Diocese (if recipient is a religious organization): _____

Indicate level of sponsorship: Full sponsorship Co-sponsorship Limited sponsorship

Reason for fund-raiser: _____

Describe the project — what your chapter will do, who will do it, others assisting, etc.

COMMITTEE MEMBERS (Please indicate which committee member will be submitting a press release and photos to the local media. Copies of the press release, photos and any publicity received also should be sent to the home office.)

Member name	Chapter number	Phone number
(Event chair) _____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Napkins: _____ **Placemats:** _____ **Send to:** _____

(Please limit quantity requested to this event only.) _____
