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CHAPTER ACTIVITY REPORT
Complete one form for each activity or meeting held

REVISION

Chapter Number _____ City _____ State _____

1. General Information

Name of activity _____

Activity date (MM/DD/YY) _____ Event chair _____ Phone no. _____

Activity co-sponsors _____

Describe activity _____

Est. total number attending: Members ____ Non-members ____ | Number of these attendees under age 18 ____

Total number of chapter members who planned AND / OR worked the activity _____

Total number of volunteer hours contributed by members who planned AND / OR worked the activity _____

Describe non-cash items collected for charity (food, clothing etc.) _____

Approximate dollar value of items listed above \$ _____

2. Financial Summary *Only include transactions that went through the chapter checking account.*

Total money spent \$ _____

(Subtract) Total money received \$ _____

NET COST (or profit) OF THE ACTIVITY \$ _____

3. Match Fund Activity (if applicable)

Net proceeds \$ _____

Amount to be matched by home office \$ _____

Make check payable to: _____

Address: _____