

## Matching Funds Program Request Form

### How the program works:

Woman's Life will match \$1 for each \$1 raised by chapter members through fundraising on a project initiated, organized, promoted/advertised, and conducted by the Woman's Life chapter and subject to the following program rules:

- Each fundraiser must be pre-approved by Home Office. The chapter can request any amount up to \$500. For example, a chapter may request a match of \$200 to stretch their support dollars throughout the year.
- The fundraiser must benefit a needy person(s) or charitable organization or purpose.
- Up to \$500 per project will be matched, depending on the chapter's financial standing based on financial products held within the chapter.
- A chapter can conduct multiple projects for one recipient or select a number of different project recipients.
- Sometimes chapters conduct two fundraisers on the same date at the same (or similar) location that either benefit the same cause or different causes. When events like this are conducted, they are considered one fundraiser and collectively the chapter is eligible for one match up to \$500.
- If fundraiser proceeds are made payable to the chapter for a special recipient, the chapter is responsible for submitting receipts that indicate how the proceeds were spent.
- Donations from your own chapter treasury in support of your fundraising project are not eligible for matching.
- The actual "fundraising" for matching funds events must be conducted by members of the chapter.
- A minimum of 5 chapter members must work on each project.
- A chapter can request to have one matching funds project matched up to \$250 annually to benefit their chapter treasury. This match is a part of the chapter's annual support monies.

### What to do before conducting a Matching Funds Project:

1. As a chapter, decide on the details of the project you would like to do, including the recipient.
2. A chapter officer must complete the information requested below, providing as much detail as possible regarding the proposed matching funds project. The more detail included in this application, faster processing and better assistance can be provided.
3. Send your completed form to the Home Office.
4. In order to qualify for Matching Funds, Home Office approval must be received before the project begins. You will be notified of the Home Office decision on your request.

---

### **FOR CHAPTER USE**

Our chapter is requesting Matching Funds for the following fundraiser:

1. The recipient will be:

Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_

Check if the recipient is a 501(c)(3) charitable organization.

Please explain the recipient's special need: \_\_\_\_\_  
\_\_\_\_\_

Check if the recipient is related to a member.

2. Date(s) fundraiser will be held: \_\_\_\_\_

3. Members participating in fundraising event: \_\_\_\_\_  
\_\_\_\_\_

4. Detail of proposed fundraiser:

- Explain in detail exactly what your chapter will be doing to raise funds. (Provide as much detail as possible regarding your proposed event. Attach a separate sheet, if necessary. The more detail you provide, the better we can assist you with your event and the faster we can process your request.)

- How will the fundraiser be promoted?
- Where will the fundraiser take place?
- What cost is anticipated to support the fundraiser?

Check if the project supports our National Cause of Answering the Call to Fight Homelessness and Hunger in America.

If approved, how much of fundraiser proceeds would you like matched?

\$500

Other; indicate amount \$ \_\_\_\_\_

5. **Send form to:** Woman's Life, Attention: Member Engagement,  
1338 Military Street, PO Box 5020, Port Huron, Michigan 48061-5020

Submitted by: \_\_\_\_\_ Chapter No. \_\_\_\_\_ State \_\_\_\_\_ Date \_\_\_\_\_

**FOR HOME OFFICE USE:**

**The following action has been taken on the Matching Funds request described on this form:**

\_\_\_\_\_ Approved \_\_\_\_\_ Denied By \_\_\_\_\_ Date \_\_\_\_\_