

Woman's Life®

A Trusted Fraternal Life Brand

Matching Funds Program Completion Form

Date: _____ Chapter: _____ City: _____ State: _____

Recipient Name: _____

Address: _____

Phone: _____

Fundraiser date(s): _____

Complete this information

Funds Raised: \$ _____ # Members Participated: _____

Expenses Deducted: - _____ # Guests Participated: _____

Total Raised: \$ _____ Hours Invested: _____

Amount to Match
(up to \$500): \$ _____

I affirm that the above is a true and accurate accounting of the fundraising activity of Woman's Life Chapter _____ members.

Signature of Officer

- Deposit the funds raised into your chapter's checking account.
- Report the amount of funds raised and the amount of Matching Funds requested (up to \$500) to Home Office.
- The Matching Funds check will be mailed by Home Office to the chapter treasurer.
- The treasurer will write a check payable to the recipient for the amount raised.
- Chapter members must present BOTH checks (or mail both checks) to the recipient.