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ACTION TEAM ACTIVITY REPORT

Complete following the activity

Action Team Location: (City/State/Zip): _____

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 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. Match Fund Activity

Net proceeds \$ _____

Amount to be matched by home office \$ _____

Make check payable to: _____

Address: _____

Please indicate activity category
(select only one):

- ☐ Religious
☐ Educational
☐ Civic