



Catholic  
Financial Life

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## ACTION TEAM MATCH FUND PROGRAM APPLICATION

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Action Team Location (City/State/Zip): \_\_\_\_\_

Date of event: \_\_\_\_\_ Fund-raiser to benefit: \_\_\_\_\_

### GUIDELINES

An action team **will receive a maximum of \$500** in Match Funds from the home office each calendar year if at least \$500 is raised at the Match Fund event. 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 action team event chair will be notified as to whether or not the project is approved. **Do not make a commitment of Match Funds until approval is received.**

To receive a Match Fund check from the home office, submit the completed "Action Team Activity Report" to the fraternal department after the event. If you wish publicity, complete "Action Team Flyer Request" seven weeks before date of the event or RSVP deadline if there is one.

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### FUND-RAISER

Recipient/Check payable to: \_\_\_\_\_ City/Town: \_\_\_\_\_

Diocese (if recipient is a religious organization): \_\_\_\_\_

Reason for fund-raiser: \_\_\_\_\_

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

\_\_\_\_\_  
\_\_\_\_\_

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

***Please type or print***

Member name	Phone number	E-mail
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Napkins:** \_\_\_\_\_ **Send to:** \_\_\_\_\_  
(Please limit quantity requested to this event only.) \_\_\_\_\_  
\_\_\_\_\_