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For overnight delivery use 1100 West Wells Street, Milwaukee, WI 53233

CHAPTER ACTIVITY REPORT  Complete one form for each activity or meeting held			REVISION
Chapter Number City_			
1. General Information		Please indicate activity category (s ☐ Family (Social) ☐ Youth (Social) ☐ General Membership (Social)	☐ Religious ☐ Educational ☐ Civic
Name of activity		Officer Planning Meeting	Donation
Activity date (MM/DD/YY) Ev	ent chair	Phone no	<del> </del>
Activity co-sponsors			
Describe activity			
Est. total number attending: Members _	Non-members N	umber of these attendees under	r age 18
Total number of chapter members who pla	anned AND / OR worked the activ	ity	
Total number of volunteer hours contribute	ed by members who planned AND	O / OR worked the activity	
Describe non-cash items collected for cha	rity (food, clothing etc.)		
Approximate dollar value of items listed ab	oove \$		
2. Financial Summary Only include	transactions that went through	the chapter checking accoun	rt.
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:			<del> </del>
Address:			