

NATIONAL CATHOLIC SOCIETY OF FORESTERS

320 S. School Street - Mount Prospect, IL 60056-3334 - 1-800-344-6273

PROJECT SUMMARY - HEARTS AND HANDS PROGRAM

RETURN THIS FORM TO THE COURT RELATIONS DEPT. OF THE HOME OFFICE FOR REIMBURSEMENT APPROVAL.
PLEASE PRINT CLEARLY.

Court Name and Number: _____ City: _____ State: _____

Contact Person: _____ Phone #: () _____

Project Name: _____ Date of Event: _____

MATCHING FUNDS CHECK: Remember the check can not be payable to your court or any individual.

Matching funds check should be made payable to: _____

Address: _____ City, State and Zip: _____

Check will be mailed to court officer for presentation.

Name: _____ Address: _____

City, State and Zip: _____

Income from Hearts and Hands project \$ _____

Total in cash donations \$ _____

(THE SOCIETY WILL MATCH A MAXIMUM OF \$200 IN CASH DONATIONS)

TOTAL PROCEEDS (Should be deposited into court's treasury. Attach original deposit slip to the summary.) \$ _____

List project expenses to be deducted from proceeds (Include original receipts for expenses.):

Subtract project expenses (\$ _____)

NET PROCEEDS (ENTIRE PROCEEDS MUST BE DONATED TO THE RECIPIENT) \$ _____

Please attach publicity and verification of your project. These may include newspaper articles, parish bulletins or a letter of acknowledgement from the recipient(s). You may also include a picture of the event which may be used in the NCSF magazine or website. No photos will be returned.

TWO SIGNATURES ARE REQUIRED:

Court Officer signature

Date

Court Officer signature

Date

See reverse side for required working members sign in sheet.

HOME OFFICE USE:

Approval given by: _____ Date: _____

Application No: _____

Amount of matching check: \$ _____

Previous Amount Matched: \$ _____

Sole Sponsored: _____ Co-Sponsored: _____

Voucher Date: _____

