



2026

**WESTERN CATHOLIC UNION
MATCHING FUND PROJECT**



NOTE: Information in Section 1 must be completed and submitted to the Fraternal Dept. PRIOR to the event for approval. Form can be submitted by e-mail, mail or fax (phone does not receive texts).

**Contact: Alexis Jarrett; ajarrett@wculife.org; 510 Maine St Quincy IL 62301
Direct Phone: 217-222-6425; Fax: 217-223-9726**

SECTION 1 (COMPLETE PRIOR TO EVENT):

Branch No. _____ City _____ State _____

Type of Activity and Reason for fundraiser: _____

Recipient of Matching Fund: _____

Event Date: _____ Location: _____

Matching Fund Amount Requested: \$ _____

Who will be sending event photos to the Home Office: _____

Requested by (Branch Officer): _____ Title: _____

Email Address: _____

TO BE COMPLETED BY HOME OFFICE ONLY:

Approval: Yes No

Signature: _____ Title: _____ Date: _____

After this request is paid, Branch has \$ _____ remaining of \$ _____ available for 2026

SECTION 2 (COMPLETE AFTER EVENT): PLEASE PROVIDE NUMBER OR BEST GUESS:

of people attended: _____ # of total hours spent (including prep hours): _____

Income and expenses:

Total Income (sales, donations, etc.): \$ _____

BRANCH Expenses* (attach receipts if possible): \$ _____

**Do not include expenses that were not paid by the branch.*

Net Amount Raised: \$ _____

Make check payable to (full name and address): _____

Who should the check be mailed to (full name and address): _____

Please e-mail picture of check presentation if possible.

Comments: _____

FOR HOME OFFICE USE ONLY

ACC # _____ **VEN #** _____

AMOUNT _____

CHECK # _____

APPROVAL _____

DATE PAID _____