

**Be sure to submit all receipts and the Receipts, Funds Raised and Expenses Report to the chapter leader contact.**

**To be Completed by the Chapter Leader**

Name of chapter			
Name of chapter leader contact		Activity ID, if known	
Address	City	State	ZIP code
Phone	E-mail address		

**To be Completed by the Requestor**

Name of recipient (first, middle, last) or organization name			
Address of recipient	City	State	ZIP code

**Activity Contact and Information**

Name of community service team contact (first, middle, last)	
Area code and phone	E-mail address

Activity type:  Fund-raising  Hands-on service activity

Name of activity	Actual activity date
<b>Net funds raised.</b> This amount is the total funds raised, minus any expenses. Round to nearest dollar. <b>(fund raisers only)</b>	\$
<b>Total expenses incurred.</b> Round to nearest dollar.	\$
<b>Pre-funding amount.</b> Amount of grant that was already disbursed via pre-funding. Pre-funding is available for hands-on service activities only.	\$
<b>Total volunteer hours.</b> Round to nearest hour.	
Total number of Thrivent <b>associate and benefit members</b> (youth and adult) attending	
Total number of Thrivent <b>members and nonmembers</b> (youth and adult) attending	
Total number of Thrivent <b>member</b> households actively involved in planning, preparing for or working at the activity. Must be at least six to qualify for supplemental funds.	

**Did other chapters and/or organizations also host this activity?**  Yes  No **If yes, name them below and only report the chapter's fair share of net funds raised, expenses, and volunteer hours.**

**Funding Information**

Fund-raising activity dollars will be direct deposited to the chapter checking account at Thrivent Financial Bank. If post-funding is due from a hands-on service activity, funds can be directed to the chapter checking account or to a designated individual who was responsible for purchasing the material.

**For direct deposit of funds, provide the following information.**

Name			
Address	City	State	ZIP code
Bank routing number	Bank account number	Bank account type: <input type="checkbox"/> Savings <input type="checkbox"/> Checking	

**Receipts or legible copies are required if you incurred expenses related to this activity. Submit them to your chapter Financial Director.**

**Return this form to the chapter leader contact.**