# Match Project Summary Questionnaire

## What did you do for your project?

Please provide a summary/overview of your project.

## How many lives do you estimate were impacted by this project?

Include all beneficiaries directly impacted by the service you performed.

## How many hours do you estimate it took to complete the project?

Please include all time spent on the application as well as all volunteer hours completing the actual project.

## Why are you passionate about this project/organization/cause?

We want to learn about your “why” for this project.

## How did your project change the lives of those involved?

Please provide at least one story or example of someone touched by your project.

## How did you feel empowered by this project?

Please share how this project impacted you personally.

## What was your favorite experience in completing your Match project?

**~For doTERRA Healing Hands Foundation Use ONLY~**

WA:

Rank & ID:

Sponsor:

Rank & ID:

Project location:

Project summary:

Impact:

Raised:

Total dHHF donation: