

Chaplain

Year End

Auxiliary Not in a Grand

Mail to: Supreme Chaplain
Dawn VanTassell - Office
4232 Hermitage Road
Old Hickory, TN 37138

Due Date:
Cell:
E-Mail:

1-Jun-24
502-655-1379
CootieCutieDawnVT@Gmail.com

Auxiliary Name & Number: _____

Date: _____

Membership on April 30, 2023 _____

CHAPLAINS PERSONAL REPORTING

Cards sent by you (please include email messages in your count):

Get Well: _____
Sympathy: _____
Thinking of you: _____

\$ Amount Spent on:

Phone Calls: _____
Memorials: _____
Flowers, Gifts, Food: _____
Postage: _____

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended _____

AUXILIARY REPORTING

Cards sent by members (please include email messages in your count):

Get Well: _____
Sympathy: _____
Thinking of you: _____

\$ Amount Spent on:

Phone Calls: _____
Memorials: _____
Flowers, Gifts, Food: _____
Postage: _____

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended _____

Please PRINT name of deceased members in YOUR auxiliary. Please include date of death.

Please use the reverse side and/or attach a summary of your activities over the year to be considered for Grand Chaplain of the Year. Include only those activities pertaining to your year in office. Please retain a copy for your records

Auxiliary Chaplain's Name & Address _____
Please Also Include E-Mail Address _____
