

Chaplain

Year End

Auxiliary

Grand Chaplain
determines date

Mail to: Grand Chaplain

Due Date:

Date _____

Auxiliary Name & Number: _____

Membership on April 30, 2023 _____

Now: _____

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
