

# Chaplain

## Monthly

## Grand

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

Due Date: 15th of each month  
Cell: 502-655-1379  
E-Mail: CootieCutieDawnVT@Gmail.com

Report for the Month of: \_\_\_\_\_ Date: \_\_\_\_\_  
Grand of: \_\_\_\_\_ Number of Auxiliaries in Grand: \_\_\_\_\_  
Number of Auxiliaries Reporting: \_\_\_\_\_

### GRAND CHAPLAINS PERSONAL REPORTING

Cards sent by you (include email messages in your count):	\$ Amount Spent on:
Get Well: _____	Phone Calls: _____
Sympathy: _____	Memorials: _____
Thinking of you: _____	Flowers, Gifts, Food: _____
	Postage: _____
Number of phone callse 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):	\$ Amount Spent on:
Get Well: _____	Phone Calls: _____
Sympathy: _____	Memorials: _____
Thinking of you: _____	Flowers, Gifts, Food: _____
	Postage: _____
Number of phone callse made to the sick: _____	
Number of visits made to the sick: _____	Number of funerals attended: _____

**PLEASE CALL THE SUPREME CHAPLAIN IF A SUPREME OFFICER/CHAIRMAN, OR GRAND PRESIDENT IS ILL OR DECEASED.**

Please PRINT the name and address of ill members in your Grand & state illness.

\_\_\_\_\_  
Please PRINT name and Aux # of deceased MOCA members in YOUR Grand. Please include date of death and name and address to send cards.

\_\_\_\_\_  
Please PRINT name and address of those needing Cootie Hugs & please state type of "hug" needed.

**Please use the reverse side if additional space is needed. Please also use the reverse side to submit a summary of your activities for the month. Please retain a copy for your records.**

Grand Chaplain's Name & Address \_\_\_\_\_  
Please Include E-Mail Address \_\_\_\_\_  
\_\_\_\_\_