

CHAPLAIN

YEAR-END

Mail to: Grand Chaplain

AUXILIARY

Due Date: Grand Chaplain sets date

Date: _____ Auxiliary Name & No.: _____

Membership on April 30, 2019

AS AUXILIARY CHAPLAIN:

Cards sent by **you**: Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

\$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 REPORTS:

Cards sent by **members**: Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

\$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: _____

PRINT Names of deceased members of **YOUR** Auxiliary. Include date of death and name and address to send cards.

[illegible]

Attach a summary of your activities over the year you served as Auxiliary Chaplain to be in competition for Grand Chaplain of the Year. Include only those activities pertaining to your office.

Auxiliary Chaplain's Name

Address, City, State, Zip

E-mail: