

CHAPLAIN

MONTHLY

Mail to: Grand Chaplain

AUXILIARY

Date Due: 1st of Month

Date: _____ **Auxiliary Name & No:** _____

AS AUXILIARY CHAPLAIN:

| | | |
|---------------------------|---|---|
| Cards sent by you: | Get Well: _____ | \$Amount Spent on: Phone calls: \$ _____ |
| | Sympathy: _____ | Memorials: \$ _____ |
| | Thinking of you: _____ | Flowers, Gifts, Food: \$ _____ |
| | (include e-mail messages in the card count) | 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: _____ | \$Amount Spent on: Phone calls: \$ _____ |
| | Sympathy: _____ | Memorials: \$ _____ |
| | Thinking of you: _____ | Flowers, Gifts, Food: \$ _____ |
| | (include e-mail messages in the card count) | Postage: \$ _____ |

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

Please **PRINT** the name and address of ill members in your auxiliary. (Please state illness.)

PRINT Name of deceased members in **YOUR** auxiliary. Include **Date of Death** and name and address to send cards.

Please send sympathy cards to:

Use reverse side to give a short summary of your activities as Chaplain.

Auxiliary Chaplain's Name

Address, City, State, Zip

E-mail: _____