CHAPLAIN

YEAR-END **AUXILIARY**

Mail to: **Grand Chaplain** **Due Date**: **Grand Chaplain sets date**

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: _____

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

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

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:_____