

CHAPLAIN

MONTHLY

GRAND

Mail to: Supreme Chaplain

Due Date: 15th of each month

Month of _____ Date: _____ GRAND _____

Number of Auxiliaries in Grand _____ Number of Auxiliaries reporting _____

AS GRAND 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: _____

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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: _____

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

Print name and address of ill members of Your Grand only. Please include illness.

Print name and Aux # of deceased MOCA members of Your Grand. Include date of death and name and address to send cards.

Grand Chaplain's Name

Address, City, State, Zip

E-mail: _____