

# CHAPLAIN

**YEAR-END**

**GRAND**

**Due Date: Immediately following Grand Convention**

**Mail to: Supreme Chaplain**

Date: \_\_\_\_\_ Grand: \_\_\_\_\_  
 Number of Auxiliaries in Grand \_\_\_\_\_  
 Number of Auxiliaries reporting to you \_\_\_\_\_  
 Auxiliaries (by the number) that reported monthly \_\_\_\_\_

**AS GRAND CHAPLAIN:** (year-totals)

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: \_\_\_\_\_

Did you conduct Memorial Services at your Grand Convention? \_\_\_\_\_

**AUXILIARY REPORTS:** (year-totals)

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** Name and Auxiliary Number of deceased members of **Your** Grand. Include date of death and name and address to send cards.

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

Grand Chaplain's Name \_\_\_\_\_ Address, City, State, Zip \_\_\_\_\_  
 E-mail: \_\_\_\_\_