

Chaplain

Monthly

Auxiliary

email to: Grand Chaplain *

Due Date:

1st of Month

		Date: _____
		Auxiliary name & Number: _____
<u>CHAPLAINS PERSONAL REPORTING</u>		
Cards sent by you (please include email messages in your count):		\$ Amount Spent on:
Get Well: _____		Phone Calls: _____
Sympathy: _____		Memorials: _____
Thinking of you: _____		Flowers, Gifts, Food: _____
		Postage: _____
Number of phone callse made to the sick:		Number of funerals attended:
Number of visits made to the sick:		
<u>AUXILIARY REPORTING</u>		
Cards sent by members (please include email messages in your count):		\$ Amount Spent on:
Get Well: _____		Phone Calls: _____
Sympathy: _____		Memorials: _____
Thinking of you: _____		Flowers, Gifts, Food: _____
		Postage: _____
Number of phone callse made to the sick:		Number of funerals attended:
Number of visits made to the sick:		

Please PRINT the name and address of ill members in your auxiliary & state illness.

Please PRINT name of deceased members in YOUR auxiliary. Please include date of death and name and address to send cards.

Please PRINT name and address of those needing Cootie Hugs & please state type of "hug" needed.

Please use the reverse side if additional space is needed. Please also use the reverse side to submit a summary of your activities for the month. Please retain a copy for your records.

Auxiliary Chaplain's Name & Address

Please Also Include E-Mail Address

*Auxiliaries not in a Grand please send to: Supreme Chaplain, Gloria Corno, vfwa5@aol.com