

CHAPLAIN YEAR-END REPORT

ALL LEVELS

Mail to Supreme Chaplain/Grand Chaplain

Due Date: June 5th, 2026

Date: _____

Auxiliary Name & Number _____

Grand/ State: _____

AS AUXILIARY CHAPLAIN

Cards sent by you:

\$ Amount Spent on:

Get Well: _____

Postage: _____

Sympathy: _____

Memorials: _____

Thinking of You: _____

Flowers, Gifts, Food: _____

Number of phone calls/ visits made to sick: _____

Number of funerals/ wakes attended: _____

AUXILIARY MEMBERS' REPORTING

Cards sent by all members this Year (Total)

\$ Amount Spent on:

Get Well: _____

Postage: _____

Sympathy: _____

Memorials: _____

Thinking of You: _____

Flowers, Gifts, Food: _____

Number of phone calls/ visits made to sick: _____

Number of funerals/ wakes attended: _____

Please Print name of all deceased members with date of death this year. Use the reverse side and also attach a summary of your activities over this year to be considered for Auxiliary Chaplain of the year. Include only the activities pertaining to your year in office. Please retain a copy for your records.

Auxiliary Chaplain Name

Address, City, State, Zip