

ALL LEVELS - CHAPLAIN MONTHLY REPORT

Mail to: Grand Chaplain / Supreme Chaplain

Due Date: 10th of Month

Date: _____ Grand: _____ Auxiliary Name & # _____

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 REPORT:

Cards sent by members:

\$ 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 the name and address of ill members in your auxiliary.

PRINT Name of deceased members in YOUR auxiliary, Include Date of Death and name and address to send cards

Please send sympathy cards to:

Use reverse side to give a brief summary of your activities as Chaplain.

Auxiliary Chaplain Name

Address, City, State, Zip