

Chaplain

Monthly

Auxiliary

Mail to: Grand Chaplain *

Due Date: 1st of Month

Membership on April 30, 2023: _____ Now: _____	Date: _____ Auxiliary name & Number: _____
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CHAPLAINS PERSONAL REPORTING

Cards sent by you (please include email messages in your count):

Get Well: _____
Sympathy: _____
Thinking of you: _____

\$ Amount Spent on:
Phone Calls: _____
Memorials: _____
Flowers, Gifts, Food: _____
Postage: _____

Number of phone callse made to the sick:

Number of visits made to the sick:

Number of funerals attended:

AUXILIARY REPORTING

Cards sent by members (please include email messages in your count):

Get Well: _____
Sympathy: _____
Thinking of you: _____

\$ Amount Spent on:
Phone Calls: _____
Memorials: _____
Flowers, Gifts, Food: _____
Postage: _____

Number of phone callse made to the sick:

Number of visits made to the sick:

Number of funerals attended:

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, Dawn VanTassell
4232 Hermitage Rd, Old Hickory, TN 37138
CootieCutieDawnVT@gmail.com