

CHAPLAIN

MONTHLY

Mail to: Grand Chaplain

AUXILIARY

Due Date: 1ST of Each Month

Date: _____ Auxiliary Name & Nbr: _____

Membership on June 30, 2008 _____

AS AUXILIARY CHAPLAIN:

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: _____



AUXILIARY REPORTS:

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: _____



Please **PRINT** the name and address of ill members in your auxiliary. (Please state illness.)

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 short summary of your activities as Chaplain.

Auxiliary Chaplain's Name

Address, City, State, Zip

E-mail: _____