

**PDP JOANNE HENSON MEMORIAL  
SERVICE AWARD**

Awarded to the Auxiliary with the largest percentage per member in total evaluation in any three (3) reporting service categories, with the largest percentage per member.

**PROOF REQUIRED:**

Entries will be verified with the Department Committee Chairmen.

Auxiliary # \_\_\_\_\_ City \_\_\_\_\_

Totals: \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
(1) (2) (3)

Service Category: \_\_\_\_\_  
(1) (2)

\_\_\_\_\_  
(3)

**ENTRY FORM REQUIRED:**

Signed: \_\_\_\_\_  
Local Auxiliary President

Signed: \_\_\_\_\_  
Chairman- Service Category (1)

Signed: \_\_\_\_\_  
Chairman- Service Category (2)

Signed: \_\_\_\_\_  
Chairman- Service Category (3)

**Entry form must be postmarked by: May 25, 2019**

Mail to: PDP Evelyn McElvin, Awards Chairman  
4332 Princehall Blvd  
Orlando, Florida 32811  
Phone: (407) 758-3392  
E-mail: [bleve123@aol.com](mailto:bleve123@aol.com)

**PDP LINDA BEST GFELL MEMORIAL AWARD  
ST. JUDE'S CHILDREN'S RESEARCH HOSPITAL**

Awarded to the Auxiliary with the highest percentage per member in total evaluation to: St. Jude's Children's Research Hospital.

**PROOF REQUIRED:**

Service report forms must be filed with the Department Hospital Chairman to be eligible.

Auxiliary # \_\_\_\_\_ City \_\_\_\_\_

Total Evaluation for St. Jude's Hospital \_\_\_\_\_

**ENTRY FORM REQUIRED:**

Signed: \_\_\_\_\_  
Local Auxiliary President

Signed: \_\_\_\_\_  
Local Hospital Chairman

**Entry form must be postmarked by: May 25, 2019**

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