

MOCA Grand Chaplain

MONTHLY
(Due 15th of Month)

YEAR-END
(Due immediately following
Grand Convention)

(E-Mail / mail to your Supreme Chaplain)

Date: _____ Month Of: _____

Grand of: _____

Pat Potter
2633 W. Adams
St. Charles, MO 63301
E-Mail: ppotter1293@gmail.com

Number of Auxiliaries in Grand: _____ Number of Auxiliaries reporting: _____

AS GRAND CHAPLAIN:

Cards sent by you: (Monthly) (Year-End)

Get Well: _____

Sympathy: _____

Thinking of You: _____

\$ Amount Spent on: (Monthly) (Year-End)

Memorials: \$ _____ \$ _____

Flowers, Gifts, Food: \$ _____ \$ _____

Postage: \$ _____ \$ _____

(NOTE: include e-mail messages in the card count)

(Monthly) (Year-End)
Number of phone calls made to the sick: _____

(Monthly) (Year-End) (Monthly) (Year-End)
Number of visits made to the sick: _____ Number of funerals attended: _____

Did you conduct a Memorial Service at your Grand Convention: Yes ____ No ____

AUXILIARY REPORTS:

Cards sent by members: (Monthly) (Year-End)

Get Well: _____

Sympathy: _____

Thinking of You: _____

\$ Amount Spent on: (Monthly) (Year-End)

Memorials: \$ _____ \$ _____

Flowers, Gifts, Food: \$ _____ \$ _____

Postage: \$ _____ \$ _____

(NOTE: include e-mail messages in the card count)

(Monthly) (Year-End)
Number of phone calls made to the sick: _____

(Monthly) (Year-End) (Monthly) (Year-End)
Number of visits made to the sick: _____ Number of funerals attended: _____

NOTE: Death Notices (separate form) are to be sent to the Supreme Chaplain & Supreme Treasurer

Attach a Summary of your activities over the year you served as Grand Chaplain to be in competition for Supreme Chaplain of the Year. Include only those activities pertaining to your office.

Grand Chaplain: _____

(Mailing address)

(City)

(State)

(Zip)

(Home Phone)

(Cell Phone)

(E-Mail)