

CHAPLAIN

MONTHLY

E-mail to: Grand Chaplain

AUXILIARY

Date Due: 1st of Month

Date: _____ **Auxiliary Name & No:** _____

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 vets served _____
Number of visits made to the sick: _____ Number of significant others/wives served _____
Number of funerals attended: _____ Number of others contacted _____

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 vets served _____
Number of visits made to the sick: _____ Number of significant others/wives served _____
Number of funerals attended: _____ Number of others contacted _____

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
E-mail _____

Address, City, State, Zip