

CHILD WELFARE SERVICE CHAIRMAN AWARD

Awarded to the Child Welfare Chairman demonstrating ability in forming committees to successfully complete projects and in forwarding legible and correct service reports promptly to the Department Chairman.

PROOF REQUIRED:

Signed statement of confirmation from local President. Copies of work must be submitted in booklet form.

Entries will be verified with the Department Chairman.

Auxiliary # _____ City _____

Name of Chairman _____

ENTRY FORM REQUIRED:

Signed: _____
Local Auxiliary President

Entry form must be postmarked by: May 27, 2017

Mail to: **PDP Dee Baggett, Awards Chairman**
13238 Rose Hollow Way
Astatula, FL 34705
Phone: 352-742-8215
E-mail: doe123dee@aol.com

PDP DORIS A. MILLER MEMORIAL CHILD WELFARE AWARD

Awarded to the individual member who has done the most Child Welfare work on an individual basis.

PROOF REQUIRED:

Signed statement of confirmation from local President. Proof of work must be submitted in booklet form.

Auxiliary # _____ City _____

of programs participated in _____

Name of Member _____

Address _____

ENTRY FORM REQUIRED:

Signed: _____
Local Auxiliary President

Entry form must be postmarked by: May 27, 2017

Mail to: **PDP Dee Baggett, Awards Chairman**
13238 Rose Hollow Way
Astatula, FL 34705
Phone: 352-742-8215
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