

**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 30, 2020

Mail to: **PDP Evelyn McElvin, Awards Chairman**
4332 Princehall Blvd
Orlando, Florida 32811
Phone: (407) 758-3392
E-mail: 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 30, 2020

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