

CHAPLAIN

GRAND

YEAR-END

Due Date: Immediately following Grand Convention

E-mail to: Supreme Chaplain

Date: _____ Grand: _____

Number of Auxiliaries in Grand _____

Number of Auxiliaries reporting to you _____

Auxiliaries (by the number) that reported monthly _____

AS GRAND CHAPLAIN: (year-totals)

Cards sent by **you:** Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

\$Amount Spent on: Phone calls: \$ _____

Memorials: \$ _____

Flowers, Gifts, Food: \$ _____

Postage: \$ _____

Did you conduct Memorial Services at your Grand Convention? _____
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AUXILIARY REPORTS: (year-totals)

Cards sent by **members:** Get Well: _____

Sympathy: _____

Thinking of you: _____

(include e-mail messages in the card count)

Number of phone calls made to the sick: _____

Number of visits made to the sick: _____

Number of funerals attended: _____

\$Amount Spent on: Phone calls: \$ _____

Memorials: \$ _____

Flowers, Gifts, Food: \$ _____

Postage: \$ _____

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Print Name and Auxiliary Number of deceased members of **Your** Grand. Include date of death and name and address to send cards.

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's Name _____
E-mail: _____

Address, City, State, Zip _____