

CHAPLAIN

MONTHLY

GRAND

E-mail to: Supreme Chaplain

Due Date: 15th of each month

Month of _____ Date: _____ GRAND _____
Number of Auxiliaries in Grand _____ Number of Auxiliaries reporting _____

AS GRAND 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 _____

CALL THE SUPREME CHAPLAIN IF A SUPREME OFFICER, SUPREME CHAIRMAN, OR GRAND PRESIDENT IS ILL OR DECEASED.

Print name and address of ill members of Your Grand only. Please include illness.

Print name and Aux # of deceased MOCA members of Your Grand. Include date of death and name and address to send cards.

Grand Chaplain's Name

Address, City, State, Zip

E-mail: _____