CHAPLAIN

YEAR-END **AUXILIARY**

E-mail to: **Grand Chaplain** **Due Date**: **Grand Chaplain sets date**

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_____

PRINT Names of deceased members of **YOUR** Auxiliary. Include date of death and name and address to send cards.

_____

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Attach a summary of your activities over the year you served as Auxiliary Chaplain to be in competition for Grand Chaplain of the Year. Include only those activities pertaining to your office.

Auxiliary Chaplain's Name **Address, City, State, Zip**

E-mail_____