

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: _____ **\$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 visits made to the sick: _____
Number of funerals attended: _____

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

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 visits made to the sick: _____
Number of funerals attended: _____

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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 Address, City, State, Zip
E-mail: _____