

PDP LUCILLE T. HENSON AWARD

Awarded to the individual Auxiliary member who has collected the most money for Auxiliary to send to the Department of Florida for the John Tracy Clinic. (Auxiliary projects not to be included in total)

PROOF REQUIRED:

Letter of confirmation from her Auxiliary signed by her local President and Treasurer.

Auxiliary # _____ City _____

Name of Member _____

ENTRY FORM REQUIRED:

Signed: _____
Local Auxiliary President

Signed: _____
Local Auxiliary Treasurer

Entry form must be postmarked by: May 29, 2021

Mail to: **PNP Evelyn McElvin, Awards Chairman**
4332 Princehall Blvd
Orlando, FL 32811
Phone: 407-758-3392
E-mail: bleve123@aol.com

COMMUNITY SERVICE CHAIRMAN AWARD

Awarded to the Community Service Chairman demonstrating ability in forming committees to successfully complete projects and in forwarding legible and correct service reports promptly to the Department Chairman.

PROOF REQUIRED:

Signed statement of confirmation from local President. Entries will be verified with the Department Chairman.

Auxiliary # _____ City _____

Name of Chairman _____

Address _____

ENTRY FORM REQUIRED:

Copies of work must be submitted in booklet form.

Signed: _____
Local Auxiliary President

Entry form must be postmarked by: May 29, 2021

Mail to: **PNP Evelyn McElvin, Awards Chairman**
4332 Princehall Blvd
Orlando, FL 32811
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