

**WOMAN'S CLUB OF LACEY, INC.**

**MONTHLY REPORT**

**HOME LIFE**

**CHAIRMAN:** \_\_\_\_\_

**MONTH OF:** \_\_\_\_\_

**HATS FOR NEWBORNS:**

No. of hats donated: \_\_\_\_\_

No. of purple hats: \_\_\_\_\_

Cost of wool: \_\_\_\_\_ (in kind donation)

Crochet/knitting hours: \_\_\_\_\_

**COOKIE DAY:**

No. of bakers: \_\_\_\_\_

No. of cookies baked: \_\_\_\_\_

No. of sugar-free cookies baked: \_\_\_\_\_

Donations: \_\_\_\_\_

Expenses (if any): \_\_\_\_\_

**NEEDY FAMILY: (Explain something about the needy family)**

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**IMMUNIZATIONS:**

No. of members receiving shots: \_\_\_\_\_

Provided by: \_\_\_\_\_

**FOOD BANK:**

No. of tuna cans collected: \_\_\_\_\_

No. of miscellaneous food items: \_\_\_\_\_

No. of hours spent: \_\_\_\_\_

**CARING CORNER:**

No. of cards sent: \_\_\_\_\_ Illness: \_\_\_\_\_ Sympathy: \_\_\_\_\_ Other: \_\_\_\_\_

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