## UNIT CHAPLAIN'S - REPORT FORM 2023-2024 (Please print or type)

Reporting Date: Before May 1, 2024

Name of CHAPLAIN:	UNIT:		
Unit does not have a Chaplain			
No. of invocations:	Benedictions:		
Charters Draped:	Memorial Service held:		
Courtesies of Gold Star Families: Dues	Cards Gifts Total Cost:		
Total amount of Memorial donations: \$			
No. of Funerals attended:	No. Of Members attended:		
Grave markers placed	Total Cost		
Did your Unit prepare a Prayer Book for the Unit President?			
Were Prayers sent in for the Department President's Book?			
Were Prayers sent in for the National President's Prayer Book?			

\*\* No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact report.

Send this report to your District Chaplain

Keep a copy for your records

## Unit/District Chaplain Year-End Report Form (Due May 1, 2024)

Lynda Griffin 11615 W. Holly St. Λvondale, ΛZ. 85392 (623)349-3979 Lynda4ala@gmail.com

Unit/District Nam	ne & Number		# of Members	
Chaplain name			Chaplain phone:	
Chaplain Address	i			
		et celebrated God in your ls, other <b>meetings</b> where	meetings? Please include senior and God was celebrated:	Junior
letters/activities,	Junior Activities, Ch	<i>aplain</i> activities like Pray	<b>ALA programs?</b> Please include <b>Popp</b> er books, <b>National Security</b> such as e es where God was celebrated:	
<del></del>				
			events? Please include Four Chapla vities, other events where God was	
Country Award (y		most of the work by com	ry for the <i>Sharon Alley Service to G</i> opleting this report!). Please send ph	
How many: Sym	npathy cards	Get well cards	_ Thinking of You cards	
"Joy" Cards	Phone calls	Memorial Services	Charter Drapes	
\$\$ donated in Me	emoriam: \$	Recipients of donation	ns:	

Thank you for your efforts to keep our organization's faith in God and Country strong!