

CHAPLAIN'S REPORT

MAIL TO: Betty Gimble, Chaplain 12604 Harbor Drive Woodbridge, VA 22192

AUXILIARY NO. _____ FOR MONTH/YEAR _____

DISTRICT NO. _____

MORAL SUPPORT PROVIDED TO AUXILIARY SISTERS OR THEIR FAMILY

	GET WELL	SYMPATHY	THINKING OF YOU
CARDS MAILED	_____	_____	_____
CALLS MADE	_____	_____	_____
VISITS TO THE SICK	_____		
FLORAL OFFERINGS	_____		
FUNERAL VISITATIONS		_____	
FUNERAL/GRAVE SITE SERVICES ATTENDED		_____	
MEMORIAL DONATIONS		_____	

LIST BELOW THE NAMES AND ADDRESSES OF SISTERS SERIOUSLY ILL OR, IF DECEASED, FAMILY NAME AND ADDRESSES, SO THAT A CARD MAY BE SENT BY THE DEPARTMENT CHAPLAIN. PLEASE STATE REASON FOR CARD.

NAME	ADDRESS	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS: _____

SUBMITTED BY: _____