

Chaplain's Report 2010-2011

Auxiliary # _____

District # _____

Month/Year: _____

MORAL SUPPORT PROVIDED TO AUXILIARY SISTERS AND/OR THEIR FAMILY

	SYMPATHY		GET WELL		THINKING OF YOU	
	Aux Chaplain	Aux Members	Aux Chaplain	Aux Members	Aux Chaplain	Aux Members
CARDS MAILED						
CALLS MADE						
VISITS TO THE SICK						
FLORAL OFFERINGS						
FUNERAL VISITS						
FUNERAL/ GRAVESITE SERVICES ATTENDED						
MEMORIAL DONATIONS						

List below the names and addresses of sisters seriously ill or, if deceased, the family name and address so that a card may be sent to them. Please state reason for the card. E-mail addresses can be provided if known. **PLEASE PRINT**

NAME	ADDRESS	REASON

Comments:

Submitted by: _____ Phone (____) _____