

2019-2020 CHAPLAIN'S REPORT

(To be included in Pin Points the following month, please send this report by the 20th of the month)

Auxiliary No. _____ District No. _____ Chaplain Name _____
Month _____ Chaplain Phone # _____

Please mail to: - Department Chaplain Rhonda Follett P. O. Box 53 Meadview, AZ 86444 or
email to: rhondafollett@yahoo.com Phone 928 699-4207

CELEBRATING THE EVERYDAY Include Anniversaries, Birthdays, Congratulations

Name or Auxiliary _____ Address _____

City, State, Zip _____

Name or Auxiliary _____ Address _____

City, State, Zip _____

Name or Auxiliary _____ Address _____

City, State, Zip _____

Name or Auxiliary _____ Address _____

City, State, Zip _____

Name or Auxiliary _____ Address _____

City, State, Zip _____

Name or Auxiliary _____ Address _____

City, State, Zip _____

DECEASED AUXILIARY MEMBERS

Members Name _____ Date Deceased _____

Next of Kin (Name and Relationship) _____

Address _____

City, State, Zip _____

Members Name _____ Date Deceased _____

Next of Kin (Name and Relationship) _____

Address _____

City, State, Zip _____

MEMBERS TO SEND CARDS TO – PLEASE CHECK THE APPROPRIATE BOX FOR THE TYPE OF CARD

Sympathy Get Well Thinking of You
Name _____ Address _____
City, State, Zip _____

If Sympathy, please list the relationship to the member _____

Sympathy Get Well Thinking of You
Name _____ Address _____
City, State, Zip _____

If Sympathy, please list the relationship to the member _____

Sympathy Get Well Thinking of You
Name _____ Address _____
City, State, Zip _____

If Sympathy, please list the relationship to the member _____

Sympathy Get Well Thinking of You
Name _____ Address _____
City, State, Zip _____

If Sympathy, please list the relationship to the member _____

Sympathy Get Well Thinking of You
Name _____ Address _____
City, State, Zip _____

If Sympathy, please list the relationship to the member _____

Please check any activity you have accomplished this month and list the amount of times you did so.

Hospital/Nursing Home Visits - _____
Special/Other _____

Visits to Members' Homes - _____
Special/Other _____

Calls to Members or their families - _____ Special/Other _____