

**CHAPLAIN RECOGNITION PROGRAM
YEAR-END REPORT**

Report is due by April 10, 2025
to: Chaplain Beth West (bethvfwaux@gmail.com)

REPORT IS FOR: Auxiliary District

Auxiliary Number: _____ District: _____

Chaplain's Name: _____

Number of cards sent:

- _____ Anniversary
- _____ Birthday
- _____ Get Well
- _____ Sympathy
- _____ Thinking of You/Care/Concern
- _____ Other: _____

Number of calls/emails/texts: _____

Number of miles driven: _____

Amount of money spent on cards, postage, this program: \$_____

Please attach any additional information that would support and/or showcase your excellence in showing care and concern.

Submitted by: _____

Email address: _____ Phone Number: _____