TO BE USED FOR REPORTING CONTRIBUTIONS BY INDIVIDUAL CHAPTERS

IMPORTANT!! PLEASE COMPLETE FOR EVERY CHAPTER *REPORTING* WITHIN YOUR STATE

(Please list in Alphabetical Order)

Chapter Name & Number	# of Members	Donated Monies	Donated Goods $$$	Mileage x .445	Donated Hours
Projects not included above					
State Projects					
Totals		**$**	**$**	**$**	**Hours**

Use additional pages if needed **Cartridges for Kids** ***Please do not add to the figures above***