## PLEASE TOTAL ALL COLUMNS WHEN COMPLETED

## **DISTRICT CHAIR ANNUAL REPORT**

ORIGINAL COPY FOR REPORTING DUE MARCH 1

Year Ended December 31, \_\_\_\_\_

NUMBER OF ORGANIZATIONS IN DISTRICT:		NUMBER REPORTING:		DISTRICT:			
ORGANIZATION AND HOSPITAL NAME ALPHABETICALLY BY CITY	NUMBER OF MEMBERS	VOLUNTEER HOURS	\$ DONATIONS TO HOSPITAL	# SCHOLARSHIPS AWARDED	SCHOLARSHIPS TOTAL \$	# OF FUNDRAISING PROJECTS	

## **DISTRICT CHAIR ANNUAL REPORT CONTINUED**

ORGANIZATION AND HOSPITAL NAME ALPHABETICALLY BY CITY	# OF HEALTH EDUCATION PROJECTS / PROGRAMS	# OF HEALTH EDUCATION NEWSLETTER ARTICLES	# OF CONTACTS WITH LEGISLATORS	# OF PPE ARTICLES IN NEWSLETTER	# OF PPE PROJECTS / PROGRAMS	MEMBER OF HOSPITAL PPE COMMITTEE	
						YES	NO

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