



## Volunteer Service Project Grant Final Report Form

Chapter Number \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

Our chapter applied for and received a grant for a volunteer service project for:

The volunteer service project was completed on:

The following chapter members participated in this project:

### FINAL GRANT ACCOUNTING INFORMATION:

Grant monies received \$ \_\_\_\_\_ (shown on line 5 of C-36)

Grant monies used \$ \_\_\_\_\_ (receipts attached and shown on line 11b of C-36)

Grant monies not used \$ \_\_\_\_\_ (check enclosed)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Chapter Officer

Return completed form, receipts and any unused funds to:

Woman's Life Insurance Society  
Attention: Chapter Development Department  
1338 Military Street  
PO Box 5020  
Port Huron, MI 48061-5020

Woman's Life Insurance Society® A Fraternal Benefit Society  
1338 Military Street PO Box 5020 Port Huron Michigan 48061-5020  
800.521.9292 810.985.5191 [www.womanslife.org](http://www.womanslife.org)