



**VOLUNTEER SERVICE PROJECT GRANT FINAL REPORT FORM**

Chapter No. \_\_\_\_\_ City \_\_\_\_\_ State/Province \_\_\_\_\_

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

The volunteer service project was completed on:

Number of Participating Members	Number of Guests Participating	Number of Hours Invested

**FINAL GRANT ACCOUNTING INFORMATION:**

Grant monies received \$ \_\_\_\_\_

Grant monies used \$ \_\_\_\_\_

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

\_\_\_\_\_ Date

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

**Complete and return with 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