



C-36 Monthly Activity Report
Woman's Life Chapter _____
 # / State

Correction
 Explanation _____

Reporting Period: _____
 Month Year

Financial Details

Cash Donations made by Chapter	
Memorials/Flowers/Gift Donations	
Current Treasury Balance	

Business Meeting Details

Meeting Date	
Members in Attendance	
Guests in Attendance	
Meeting Expenses	

Chapter Community Outreach

Number of visits to the sick	
Community Service Hours	

In-Kind Donations

Date	Donation Type	Recipient(s)	Approximate Value	National Cause
	Clothing			
	Food Donations			
	Book Donations			
	Packages to Military Service Personnel			
	Packages for Children			
	Other State Donation Type			

Please fill out additional sheets for each event as necessary.

Social Event 1

Social Event Details

Event Date	
Members in Attendance	
Guests in Attendance	

Social Event 2

Social Event Details

Event Date	
Members in Attendance	
Guests in Attendance	

Non Matched Fundraiser 1

Event Date	Amount Raised
Recipient(s) Name	Hours Invested
Number of Members Participating	Number of Guests Participating
<input type="checkbox"/> <i>Supports National Cause to Answer the Call to Fight Homelessness and Hunger in America.</i>	
Event Details	

Non Matched Fundraiser 2

Event Date	Amount Raised
Recipient(s) Name	Hours Invested
Number of Members Participating	Number of Guests Participating
<input type="checkbox"/> <i>Supports National Cause to Answer the Call to Fight Homelessness and Hunger in America.</i>	
Event Details	

Volunteer Service Projects not involving a Grant

Event Date	Number of Hours Invested
Recipient(s) Name	
Number of Members Participating	Number of Guests Participating
Event Details	
<input type="checkbox"/> <i>Supports National Cause to Answer the Call to Fight Homelessness and Hunger in America.</i>	