

United Daughters of the Confederacy®

BENEVOLENT ACTIVITIES COMMITTEE ANNUAL REPORT

September 1, 20 _____ – August 31, 20 _____

Chapter name and number _____

Division or Chapter Where No Division (CWND) name _____

1. Donations of time/talent. Total number of volunteer hours contributed _____

List locations where time/talent donated and number of hours at each.

2. Donations of items. Total monetary value of items contributed \$ _____

List locations where items donated and description of items (food, clothing, other) at each.

3. Donations of money. Total amount of money contributed \$ _____

List locations where donated and amount of money at each.

4. Other. Describe any other charitable project(s) undertaken. _____

Suggestions for areas of Benevolent Activities work include: child care centers; hospices; hospitals; disaster relief efforts; nursing homes; shelters; soup kitchens; and groups such as Goodwill; Habitat for Humanity; Meals on Wheels; Red Cross; Salvation Army; Special Olympics. If more space is needed, use reverse of this sheet.

For Chapter use. Enter Chairman's name, address, telephone, and e-mail in space below. Complete this form; send to the appropriate Division-level person by the Division deadline of _____

For Division/CWND use. Enter Chairman's name, address, telephone, and e-mail in space below. Compile Chapter reports; complete this form; send to General Committee Chairman by September 15.

Number of Chapters in Division _____ Number of Chapters reporting _____

Chairman contact information. _____
