

**COUNTY CHAPLAIN'S REPORT FORM
2023 – 2024**

Please compile all unit reports using this form.

Reporting Dates: **November 10, 2023** **April 10, 2024**

Name of CHAPLAIN: _____

County does not have a Chaplain

No. of Units in County _____ No. of Units reporting _____

No. of Invocations _____ Benedictions _____

Memorial Services held _____ Charters Draped _____

Courtesies to Gold Star Families: ____ Dues ____ Cards ____ Gifts ____ Total Cost ____

Total amount of Memorial donations: \$ _____

No. of Funerals attended _____ No. of Members attended _____

Grave markers placed _____ Total cost _____

Did Units prepare Prayer Books for Unit President? _____ How many? _____

Were prayers sent in for the Department President's Prayer Book? _____

Were prayers sent in for the National President's Prayer Book? _____

**** No activities, hours, expenses, donations, or dollars spent for this committee are to be included in the Impact report.**

Send this report to **Department Chaplain** and keep a copy for your records

Patricia Galley
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Bliss, NY 14023
C: 585-322-3932
nyalachaplain@gmail.com