

CHAPLAIN'S REPORT

2008-2009

Auxiliary # _____

District # _____

Mail to: Robin Milewski, Chaplain

207 Coinjock Run

Yorktown, VA 23693

FOR MONTH/YEAR _____

MORAL SUPPORT PROVIDED TO AUXILIARY SISTERS AND/OR THEIR FAMILY

	GET WELL	SYMPATHY	THINKING OF YOU
CARDS MAILED	_____	_____	_____
CALLS MADE	_____	_____	_____
VISIT TO THE SICK	_____		
FLORAL OFFERINGS	_____	_____	
FUNERAL VISITATIONS		_____	
FUNERAL/GRAVESITE SERVICES ATTENDED		_____	
MEMORIAL DONATIONS		_____	

LIST BELOW THE NAMES AND ADDRESSES OF SISTERS SERIOUSLY ILL OR, IF DECEASED, FAMILY NAME AND ADDRESSES, SO THAT A CARD MAY BE SENT BY THE DEPARTMENT CHAPLAIN. (PLEASE STATE REASON FOR CARD.)

NAME	ADDRESS	REASON
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

COMMENTS:

SUBMITTED BY: _____

TELEPHONE #: ()