CHAPTER PHILANTHROPIC CHAIRPERSON (Continued)

HATS FOR HOPE REPORT FORM

Chapter Name: _____ District: _____ Town: _____

Contact Person: _____ Phone: _____

Position: _____ _ Address: _____

City, ST: _____ Zip: _____

Total Number of Hats Donated: _____ Number of Other Items Donated: _____

Receiving Organization(s): _____

Dollar Value of Donation: _____ _ Total Hours: _____

Please describe how the hats were obtained. Did the members make them, were they donated by members of your church, be specific. Provide copies of any publicity obtained for this event.

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Please return this form NO LATER THAN April 1
to the current year Kansas State Council 2nd Vice **President and Care Connection Chair**