

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.

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