

Director or Officer \_\_\_\_\_ Quarter \_\_\_\_\_ Year \_\_\_\_\_

Activity Name	
City and State	
Start Date and End Date	
Activity type: Donation (no event); Member Activity or Service Project/Community Service Check one of the three options:	Donation ____ Member Activity ____ Service Project or Community Service ____
# members attended	
# non-members attended	
Total Volunteer Hours	
# of volunteers	

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