

For Club and County Use Only

February 1, _____ through January 31, _____

Club: _____

County: _____

Please keep an account of **ALL** Extension Homemaker Volunteer Community Support deeds and turn in form to your County President by March 1 or County Volunteer Community Support Chairperson by February 15. Attach additional sheets as needed.

STATE PROJECTS – Please include amount or number of items completed or donated, include cash donations.

| PROJECT | DONATIONS | DOLLAR AMOUNT (Value) | # of SERVICE HOURS |
|--|------------------|------------------------------|---------------------------|
| Back Pack Buddy Program | | | |
| IEHA Cancer Research Endowment | | | |
| IEHA International Project | | | |
| IEHA Supports Military Heroes | | | |
| Riley Children’s Hospital and Riley Cheer Guild | | | |
| Ronald McDonald House | | | |
| NVON Project in Common | | | |
| First Books for Kids | | | |
| Threads of Compassion Shawls | | | |
| Nickels for Indiana Leadership | | | |
| Coins for Friendship (Donations to ACWW project) | | | |
| TOTAL | | | |

COUNTY PROJECTS – Please include amount or number of items completed or donated, include cash donations.

| PROJECT | DONATIONS | \$ AMOUNT (value) | # of SERVICE HOURS |
|--------------|-----------|-------------------|--------------------|
| | | | |
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| | | | |
| | | | |
| TOTAL | | | |

LOCAL CLUB PROJECTS – Please include amount or number of items completed or donated, include cash donations.

| PROJECT | DONATIONS | \$ AMOUNT (value) | # of SERVICE HOURS |
|--------------|-----------|-------------------|--------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| TOTAL | | | |

CLUB VOLUNTEER COMMUNITY SUPPORT CHAIRPERSON INFORMATION

Name _____

Address _____

Phone _____

Email _____