

WOMEN OF THE MOOSEWOMEN OF THE MOOSE  
155 SOUTH INTERNATIONAL DR  
MOOSEHEART, ILLINOIS 60539-1100

CHAPTER NUMBER: \_\_\_\_\_  
CHAPTER NAME: \_\_\_\_\_  
STATE/PROVINCE: \_\_\_\_\_

**MSC FORM 114  
2011 - 2012**

Report of **Elected Officers, November 2011** Activity Night prepared by Chairman.

Read at Second meeting of the month. Give to President after the meeting.

Project assigned to Committee: **Feed a Home in December**

**After the Chapter Meeting in - Send form and checks to:  
Women of the Moose Headquarters. DO NOT SEND IN BEFORE THIS DATE.**

<b>Committee Name</b>	<u>Elected Officers</u>
<b>Chairman's Name</b>	_____
<b>Date of Service Chapter Activity Night</b>	_____
<b>Number of New members present at Service Chapter Activity Night</b>	_____
<b>Number of Candidates balloted upon/enrolled during the month</b>	_____
<b>Number of committee members present at Service Chapter Activity Night</b>	_____
<b>Chapter check(s) for :</b>	
<b>Women of the Moose</b>	
<b>Scholarship and Maintenance Fund</b>	Check No. _____ Amt. \$ _____
<b>Project assigned to Committee</b>	Check No. _____ Amt. \$ _____
<b>Endowment Fund</b>	Check No. _____ Amt. \$ _____
(collected and deposited since last report)	

On the back of this form, please explain, in detail, program held (guest speaker, game or skit and refreshments).  
Attach a copy of skit and/or detailed description of game.  
Attach photos (will not be returned) of activity, meeting, guest speaker and co-workers at meeting/function. Photos may be posted on WOTM webpage and/or shown at International/Annual/Midyear Conferences.

**Community Service for the month (or since your last report) – Enter the total amount**

Cash Donations to non-Moose organizations \$ \_\_\_\_\_

Hours Volunteered \_\_\_\_\_

Miles driven \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Committee Chairman)

\_\_\_\_\_  
(Secretary/Treasurer)

\_\_\_\_\_  
(President)

\_\_\_\_\_  
(PRINTED Name) (Phone #)

**Chapter Seal**