

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

**IMPORTANT! This information must be completed for credit!**

CHAPTER NUMBER: Enter Chapter Number  
CHAPTER NAME: Enter Chapter Name  
STATE/PROVINCE: Enter Your State/Province

↑  
**Where to send the  
114 Forms with Checks**

**FORM 114**  
**2016 - 2017** ← **Fiscal Year**

Report of **Membership/Retention - May Committee Activity Night** prepared by Chairman.  
Read at Second meeting of the month. Give to Senior Regent after the meeting.  
Project assigned to Committee: **Moosehaven Pharmacy Assistance**

**After the Chapter Meeting in May 201X- Send form and checks to:  
Women of the Moose Headquarters. DO NOT SEND IN BEFORE THIS DATE.**

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

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 \$ Enter Dollar's Donated  
Hours Volunteered Enter the Number of Hours Volunteered  
Miles driven Enter the Number of Miles Driven

Enter the Date prepared  
(Date)

Chairman or Pro-Tem signs  
(Committee Chairman)

Recorder or Pro-Tem signs  
(Recorder)

Senior Regent or Pro-Tem signs  
(Senior Regent)

Recorder or Pro-Tem Prints Name, and phone number  
(PRINT Recorder's Name) (Phone #)

Senior Regent or Pro-Tem Prints Name, and phone number  
(PRINT Senior Regent's Name) (Phone #)

*Chapter Seal*