

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

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

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

**FORM 114  
2018 - 2019**

Report of **Mooseheart/Moosehaven – February - 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 Second Chapter Meeting in February 2019 - Send form and checks to:  
Women of the Moose Headquarters. DO NOT SEND IN BEFORE THIS DATE.**

<b>Committee Name</b>	<u>Mooseheart/Moosehaven – February</u>
<b>Chairman's Name</b>	_____
<b>Date of Chapter Activity Night</b>	_____
<b>Number of New members present at Chapter Activity Night</b>	_____
<b>Number of Candidates balloted upon/enrolled during the month</b>	_____
<b>Number of committee members present at 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's Signature)

\_\_\_\_\_  
(Recorder's Signature)

\_\_\_\_\_  
(Senior Regent's Signature)

\_\_\_\_\_  
(PRINT Recorder's Name) (Phone #)

\_\_\_\_\_  
(PRINT Senior Regent's Name) (Phone #)

*Chapter Seal*