

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
2020 – 2021**

Report of **Green Cap/Ways and Means - Committee Activity Night** prepared by Chairman.
Anytime during the 3rd Quarter (Between November 1st and January 31st)

Read at Second Meeting of the Month. Give to Senior Regent after the meeting.

Project assigned to Committee: **Moosehaven Tricycle Fund**

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

| | |
|--|---------------------------------|
| Committee Name | <u>Green Cap/Ways and Means</u> |
| Chairman's Name | _____ |
| Date of Chapter Activity Night | _____ |
| Number of New members present at Chapter Activity Night | _____ |
| Number of Candidates balloted upon/enrolled during the month | _____ |
| Number of committee members present at Chapter Activity Night | _____ |
| Chapter check(s) for: | |
| Women of the Moose | |
| Scholarship and Maintenance Fund | Check No. _____ Amt. \$ _____ |
| Moosehaven Tricycle Fund | Check No. _____ Amt. \$ _____ |
| Endowment Fund | 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