

**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 **Mooseheart/Moosehaven – October Committee Activity Night** prepared by Chairman.

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

Project assigned to Committee: **Mooseheart Christmas in October & Moosehaven Christmas Gifts and Special Events**

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

**Committee Name** Mooseheart/Moosehaven – October

**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 & Maintenance** Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_ **MHT X-mas Gift & Walk** Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**Project assigned to Committee** Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_ **MHVN X-mas Gift & Walk** Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_

**Endowment Fund** Check No. \_\_\_\_\_ Amt. \$ \_\_\_\_\_

(Endowment collected & 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)

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

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

\_\_\_\_\_  
(Committee Chairman's Signature)

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

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

**Chapter Seal**