

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

2021-2022

← Fiscal Year

Report of **Membership - May Chapter Meeting** prepared by Chairman.

Read at next month's meeting. Give to Senior Regent after the meeting.

Project assigned to Committee: **Moosehaven Daily Needs**

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

Committee Name	<u>Committee Name and Month</u>
Chairman's Name	<u>Enter Installed Chairman's Name</u>
Monthly Meeting Date	<u>Date of Meeting (monthly meeting)</u>
Number of New members present at Chapter Meeting	<u>Enter the number of New Members present</u>
Number of Candidates balloted upon/enrolled during the month	<u>Enter the number of Candidates enrolled</u>
Number of committee members present at Chapter Meeting	<u>Enter the number of committee members present at meeting</u>
Chapter check(s) for:	
Women of the Moose	
Scholarship and Maintenance Fund	Check No. <u>Enter Check Number</u> Amt.\$ <u>Enter Dollar Amount</u>
Daily Needs	Check No. <u>Enter Check Number</u> Amt.\$ <u>Enter Dollar Amount</u>
Endowment Fund (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 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)

Treasurer or Pro tem signs
(Treasurer)

Senior Regent or Pro tem signs
(Senior Regent)

Treasurer or Pro tem Prints Name, and phone
(PRINT Treasurer's Name) (Phone #)

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

Chapter Seal