

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
2022-2023**

Report of **Mooseheart/Moosehaven – October Committee Meeting** prepared by Chairman.

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

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

**After the Chapter meeting in November - 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 _____
Monthly Meeting Date _____
**Number of New members present
at Chapter Meeting** _____
**Number of Candidates voted upon/enrolled
during the month** _____
**Number of committee members present
at Chapter Meeting** _____

**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 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)

(Treasurer’s Signature)

(PRINT Treasurers Name) (Phone #)

(Committee Chairman’s Signature)

(Senior Regent’s Signature)

(PRINT Senior Regent’s Name) (Phone #)

Chapter Seal