

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
2026-2027**

Report of **Fraternal Activities - April Committee Meeting** prepared by Chairman.

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

Project assigned to Committee: **Mooseheart New Child, Right Start**

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

| | |
|--|-------------------------------------|
| Committee Name | <u>Fraternal Activities - April</u> |
| 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 and Maintenance Fund | Check No. _____ Amt.\$ _____ |
| New Child, Right Start | 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 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)

(Treasurer's Signature)

(Senior Regent's Signature)

(PRINT Treasurer's Name) (Phone #)

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