

Donna Marie King Department of SC Chaplain 391 Jardinere Walk Mt. Pleasant, SC 29464

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Auxiliary#:				District	District #:	
Chaplain's Name:			Phone #	:		
Quarter:	1st Quarter - April/Ma 2nd Quarter - July/Au 3rd Quarter - Oct/No	ıg/Sept 2021				
	4th Quarter - Jan/Feb					
1 - Celebr	ating the Everyday (Bir	thdays, Anniversarie	s, Congratulation	าร):		
2 - Decea	sed Members:					
3 - Sent <i>l</i>	Members Cards (Sympa	thy, Get Well, Thinki	ng of You):			
4 - How d	id you promote Member	rship?				
5 - Please	explain how you encour	aged "fellowship" am	ong the member	s of your Aux	kiliary.	
6 - Does y	vour Auxiliary have a Be	creavement team?	Yes	No		
7 - Please	comment on any activit	y that you accomplis	ned this quarter	and list the	amount of	
	ACTIVITY				# OF TIMES	
Ŷ	Hospital Visits: Comments:					
* Visit's to member's homes:						
Comments:						
* Calls to members or their families:						
	Comments:			<u> </u>		
î	Other Comments:					
Hours:	Miles:	Money:	# of 1	—— nembers par	ticipating:	