

**Mrs. Norman V. Randolph Relief Fund Report  
Divisions & Chapters Where No Division  
September 1, 20\_\_\_\_ - August 31, 20\_\_\_\_**

Chapter Name and Number \_\_\_\_\_

Division or Chapter Where No Division (CWND) name \_\_\_\_\_

Amount chapters sent directly to individual recipients or applicants \$ \_\_\_\_\_  
*If more space is needed, use reverse side of this sheet.*

Number of cards sent to recipients by chapters: \_\_\_\_\_

Number of personal visits to recipients \_\_\_\_\_ Explain: \_\_\_\_\_

Gifts sent during the year: \_\_\_\_\_

Did chapters have individual memorial service(s) for deceased recipient(s) during last Year?  
Yes  No

Did anyone discuss and/or present program(s) at chapter meetings on Randolph Relief Fund and its recipients?  
Yes  No

Explain: \_\_\_\_\_

Describe your chapters "Randolph Relief Adoptee" projects: \_\_\_\_\_

What other things were done for recipients? Explain: \_\_\_\_\_

**For Chapter Use.** Enter Chairman's name, address, telephone and e-mail in space below. Compile chapter reports; complete this form; send to the appropriate Division-level person by the Division deadline of \_\_\_\_\_.

**For Division/CWND Use.** Enter Chairman's name, address, telephone and e-mail in space below. Compile chapter reports; complete this form; send to General Chairman by Sept. 15.

Number of Chapters in Division \_\_\_\_\_ Number of Chapters reporting \_\_\_\_\_

**Chairman contact information:** \_\_\_\_\_