



DEPARTMENT of NEW MEXICO

CHAPLAIN 2022-2023

Renee King

MONTHLY REPORT for _____

Auxiliary Chaplain's Name: _____ Auxiliary #: _____

Phone number: _____ Email: _____

Mailing Address: _____

Auxiliary Chaplain report if **you** have done any of the following:

Number of **cards sent** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **text messages** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **phone calls** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **in person visits** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Amount spent on: Gift \$ _____, Food \$ _____, Postage \$ _____, Flowers \$ _____

Number of funerals attended: _____

Please report if **any Auxiliary members** have done any of the following:

Number of **cards sent** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **text messages** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **phone calls** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Number of **in person visits** - Get Well: _____ Sympathy: _____ Thinking of you: _____

Amount spent on: Gift \$ _____, Food \$ _____, Postage \$ _____, Flowers \$ _____

Number of funerals attended: _____

Please provide the following information of your Deceased Auxiliary member(s). Also include a picture of the member to be use in the Joint memorial at State Convention.

Full Name of Deceased member	Auxiliary #	Date of Death
_____	_____	_____
_____	_____	_____

Please provide Auxiliary members information so I may mail a card to them and also keep them in prayer.

Members Name	Mailing Address	Type of Card (Get Well, Sympathy, Thinking of You)
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please return this report to:

Renee King, Dept. of New Mexico Chaplain
3232 Jemez Road
Santa Fe, New Mexico 87507
Email: reneeking.vfwa@gmail.com
Phone: (505) 660-0949