

Member Name:		
Number	Description	Total
1	Number of <b>VISITS</b> Made:	
1.a.	Sick	
1.b.	Bereaved	
2	Number of <b>TIMES</b> donated blood	
3	Estimated <b>HOURS</b> of Community Service:	
3.a.	Church-related activities	
3.b.	Community Service	
3.c.	Youth Activities	
3.d.	Habitat for Humanity	
3.e.	Culture of Life	
3.f.	Veteran Support Activities (VAVS)	
3.g.	Food For Families	
3.h.	Special Olympics (including HOPE)	
3.i.	Miscellaneous (other items not covered above, including Council program support)	
4	Number of <b>HOURS</b> of fraternal support (Sick/Disabled members and their families; chores, transportation, tutoring, etc)	

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