**Local Organization Annual Report to Partners of WHA, Inc.**

**January 1st through December 31st of 2\_\_\_\_\_\_\_\_\_\_\_**

**District \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Form completed by\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**MEMBERSHIP INFORMATION**

Volunteer Organization Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Name and address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Hospital Administrator Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Person’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Members (include lifetime) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Number of Volunteer Hours Donated \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DONATIONS**

Total Dollars Contributed to Hospital \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total Dollars Contributed to Other recipients\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Scholarships Awarded #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NEWSLETTERS**

Number of Issues \_\_\_\_\_\_\_\_\_\_\_\_\_ Combined with Hospital Yes \_\_\_\_\_\_ No\_\_\_\_\_\_

**MEETING PARTICIPATION**

Number attending: Spring District Meeting \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fall District Meeting\_\_\_\_\_\_\_\_\_\_\_\_\_

 Advocacy Day \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State Convention\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Did you have a Display at convention? Yes\_\_\_ No\_\_\_ Did you contribute a Silent Auction Item? Yes\_\_\_ No\_\_\_

**BEST OF BEST AND WAVE AWARD**

 Did you submit a WAVE Award application? Yes\_\_\_\_\_\_ No\_\_\_\_\_\_

 Did you submit a nomination for the Best of the Best (or won in the past 5 years)? Yes\_\_\_\_\_ No\_\_\_\_\_

**PPE AND CHE REPORTS COMPLETED**  Yes\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_\_\_

**CHE** Name of contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail or phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**PPE** Name of contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail or phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SPECIAL PROJECT/FUNDRAISER** (May use separate sheet)

 List or describe a special event involving volunteers\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 **\*Send one copy of this report to the District Chairman by January 31st.**

 **(Page 1) (Revised 2019)**