

**Local Organization Annual Report to Partners of WHA, Inc.  
January 1<sup>st</sup> through December 31<sup>st</sup> 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 \_\_\_\_\_

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

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