

COMMUNITY SERVICE

Name: _____

Phone: _____

RECORD OF HOURS

Address: _____

	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	TOTAL
1. Church													0
2. Hospitals and other healthcare facilities and services													0
3. Service to individuals outside the family													0
4. Community service groups, facilities, events, etc.													0
5. Education, Schools, libraries, literacy programs, etc.													0
6. Organizations and services for seniors													0
7. Other (specify) _____													0
TOTALS	0	0	0	0	0	0	0	0	0	0	0	0	0

Please give the name of the organization and type of services for area(s) of most of your hours of service.

Please **estimate** your contributions for December. **Complete the totals** and **return** to your Community Service Chairman by mid December. Thank you.