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State President's Special Project: Mental Health Awareness Report Form 2025

Annual Reporting period January 1— December 31

Club Name: _____

MD District: _____

Prepared by: _____

Address: _____

Email: _____ Phone: _____

Number of members in club:

Number of members participating:

Total number of projects/programs:

Total number of hours:

Total \$ raised/donated: \$

Total value "in kind" donations: \$

Narrative: