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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:

Total number of projects/programs:

Total \$ raised/donated: \$

Number of members participating:

Total number of hours:

Total value "in kind" donations: \$

Narrative: