



United States Women of Today

Project Recognition Statistics Sheet⁵⁸

PLEASE TYPE OR PRINT.

Project Name _____

Project Start Date _____ Project Completion Date _____

Check the appropriate boxes: Chapter Project State Project

- INTERNAL** (membership drives/socials/awards/public relations/personal enrichment)
- WAYS & MEANS** (raise funds to operate state or chapter: monies raised goes into general fund)
- INVOLVEMENT (FUNDRAISING):** money raised for another organization or specific community service project
- COMMUNITY INVOLVEMENT (NON-FUNDRAISING):** projects run within community for betterment or education.
- CHAPTER PUBLICATION(S):** includes Plan of Action, chapter/state newsletters, and membership handbooks,

Chapter _____ State _____

Community Population/State Membership _____ Chapter Size _____

Contact Person _____

Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

I hereby attest that the facts contained herein are reliable and true and give permission for the facts to be used for publication.

SIGNATURE (President or Project Chair) _____