
Young People's Division Activities

• **Program/Mission Outreach Summary**

Home Visits	_____	Food/Clothing Donations \$ value	_____
Prison Visits	_____	Hospital/Rest Home Visits	_____
Cards/Notes, Telegrams	_____	Missionary Magazine Subscriptions	_____
Volunteer Hours	_____	Bereavement Dinners/Donations	_____
Families Assisted	_____	Phone Calls	_____
Plants/Flowers	_____	Others	_____

• **Financial Summary**

Fair Share Paid	\$ _____	Creative Arts (number of items)	_____
Community Outreach	\$ _____	Creative Arts	\$ _____
Area and/or Institute	\$ _____	Total Financial Outreach	\$ _____

Submitted by _____

Date _____

Please distribute five (5) copies as follows:

- Area Chairperson
- Area Secretary
- Area Historiographer-Statistician –
- Conference Historiographer-Statistician – **Karen Caffee –5844 S. La Brea Avenue, Los Angeles, CA 90056**
k.caffee.sccwms@gmail.com
- Local Society File