

## Ohio Lions MD-13 Monthly Club Activities Report

Activity Report for: \_\_\_\_\_ by: \_\_\_\_\_ Date: \_\_\_\_\_  
 (Mon./Year) (Club Name)

Please give details below of your club's activities in the listed Categories. List all fundraising and service activities, dollar donations to charitable causes, estimated number of volunteer service hours and club visitations (with place visited and number of members who went.)

<b><u>Sight Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Hearing Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Environment:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Youth Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Community Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Diabetes Aware. &amp; Educ:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>International Relations:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Health Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Other Services:</u></b>	<b>Donations :</b> \$ _____	<b>Hours :</b> _____
Explanation _____		
<b><u>Visitations:</u></b> Club Visited and # of members visiting _____		
(cont) _____		

Membership last month: \_\_\_\_\_ Membership at end of this month: \_\_\_\_\_ Avg. Meeting Attendance: \_\_\_\_\_%

(List names below) New members: \_\_\_\_\_ Drops \_\_\_\_\_ Deceased \_\_\_\_\_

Comments, information, future events, or requests: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Club Secretary \_\_\_\_\_ Club President \_\_\_\_\_

Copies to District Governor, Region Chairperson, Zone Chairperson, and club file. Attach extra pages if needed.