2019 LOCAL GROUP PROJECT FORM

Local Chapter Name: _____ Area: _____

Report submitted by: _____ Phone: _____

Address: _____ City/St/Zip: _____

Email: _____

Please give a concise description in **no more** than 400 words, of ONE community service project your group performs. List the specific types of things your members do for this project. If the project is an ongoing one, **describe changes or improvements that have been made.**

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Please send your nomination to your Area Community Service Chairperson by January 15