

MD19 VISITATION, ACTIVITIES, DONATIONS REPORT

Lions Club's Report Dist. / Zo _____ Month _____

of Club Meetings: _____ Regular _____ Board _____ Attendance % _____ Date WMMR Submitted _____

Visitations

Date of Visit	# Lions on Visit	Club Visited	Travel Information			Program		Type of Meeting
			*Car Mileage	Ferry (Check Box)	Plane Only	Yes	No	

For Visitation requirements check Contests & Awards Manual under 'Visitation Award Rules'. * Round Trip Miles

Projects (check one)

Date	# of Members	Lion Hours	Service Project	Fund Raising	Name of Activity & Comments

Service & Administration Funds Allocation

Date	Amount	Check #	To Whom and Purpose

"If necessary, continue report on reverse side."

Send Copy of VAD to District Governor, 1st Vice District Governor, Zone Chairperson, MD19 Office

Send CARE checks to MD19 Office. CARE Checks should be made out to: MD19 Lions CARE

LCIF checks should be SENT DIRECTLY to LCI.

Addresses for the Various Foundations are found in the MD19 Roster.