MD19 VISITATION, ACTIVITIES, DONATION REPORT

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

# of Club Meetings Regular: _____ Board: _____ Attendance % _____

Visitations

Date Of Visit	# Lions on Visit	Club Visited	Travel Information			Program		Type Of Meeting
			*Car Mileage	Ferry (Check Box Only)	Plane	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
		0			

Service & Administration Funds Allocation

Date	Amount	Check #	To Whom and Purpose

"If necessary, continue report on the reverse side."

Send CARE and L.C.I.F. checks to the MD19 Office
Send Copy of VAD Report to District Governor, 1st Vice District Governor, Zone Chairperson, MD19 Office
Diabetes Checks to the District Diabetes Chairperson or District Governor
BC Hearing Cheques to the BC Hearing Foundation
US Sight and Hearing checks to the NW Lions Foundation.
Addresses for the Foundations are found in the MD19 Roster