

DOROTHY THOMPSON CHILD WELFARE AWARD

2011-2012

FOR CABANES LOCALE WITH TWENTY (20) MEMBERS OR LESS

RULES GOVERNING THIS TROPHY

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This report shall consist of monetary donations, miles traveled and hours worked, as long as it is for a Voiture Program. Credit for hours and mileage may be taken by any member of the Cabane for the work done for the Voiture for assistance to other organizations, but the monetary assistance may not be counted for any other organization other than La Societe de Femme. Remember in filling out the report to explain how you reached the reported figure in regards to articles donated: clothing, food, toys, etc. **PROGRAMS:** Monetary assistance to children. Food, clothing, rent and fuel donations (including distribution mileage). Medical, surgical, dental and hospital services (glasses and wheelchairs). Immunization services and materials. Parties, entertainment, movies and gifts (This would include all holidays and all types of children's homes and/or hospitals). Sending children to recreational and /or health camps. Donations to health, welfare and charitable organizations as long as it is stipulated for children only. School lunches and/or food services. Services for children's institutions, hospitals, state training schools and clinics (if wages are received do not take credit). Blood donations – again for children only (\$35.00 credit for each pint of blood). Holiday parties or activities at Christmas, Halloween, Easter, etc. Sponsorship of teen groups – Drum & Bugle Corps, all types of sports, band, etc. Donations to various children research institutions (March of Dimes, Leukemia research, children's hospitals, centers and clinics, Easter Seals, etc.). Junior League Baseball for boys or girls. **DO NOT TAKE CREDIT FOR BABYSITTING.** A breakdown should be given explaining how monies were earned and on the mileage **ONLY** the driver of the vehicle may count her mileage not the riders.

Each Cabane shall provide a Child Welfare report to their Voiture annually prior to Voiture Grande Promenade.

CABANE LOCALE # _____ GRANDE DE _____ MEMBERSHIP AS OF JUNE 30, 2012 _____

	a.	b.	c.	d.
Type of Activity Performed	Hours Worked	Miles Traveled	Money Donated	Value of Material Used

Total of each column here:

a. Total Hours Worked _____ x \$10.00 = \$ _____

b. Total Miles Traveled _____ x \$1.00 = \$ _____

c. Total Money Donated _____ \$ _____

d. Total Value of Material Used _____ \$ _____

Total of lines a + b + c + d = \$ _____

ATTESTED:

La Correspondante Locale
Phone# () _____

La Presidente Locale
Phone#() _____

E-MAIL ADDRESS: _____

E-MAIL ADDRESS: _____

REQUIRED VERIFICATION

"I verify that the above is one of the Voiture Programs."
or: _____
Voiture Correspondant

Attested by: _____
Chef de Gare
or: _____
Voiture Advisor

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THIS REPORT MUST BE POST MARKED NO LATER THAN AUGUST 13, 2012

MAIL TO: **JUDY PFALZGRAF**
625 OAK LANE
HORICON, WI 53032