



LORINDA KIES CHILD WELFARE TROPHY 2023-2024

FOR CABANES LOCALE WITH TWENTY (20) MEMBERS OR LESS RULES GOVERNING THIS TROPHY

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
Number _____ Grande de _____ Membership as of June 30, 2024 _____

Type of Activity Performed (Provide details and verification on a separate document)	Hours Worked	Miles Traveled	Money Donated	Value of Material Used
Total of Each Column (to be used to complete the following chart)				

Total Hours Worked		X \$10.00	\$	
Total Miles Traveled		X \$1.00	\$	
Total Money Donated			\$	
Total Value of Material Used			\$	
Child Welfare Total			\$	

ATTESTED BY (Both Officers must Sign):

Locale Presidente _____ Locale Correspondante _____

Phone Number _____ Phone Number _____

Email Address _____ Email Address _____

Required Verification

I verify that the above is one of the Voiture Programs. Attested by one of the following officers from Voiture Locale:

Circle ONE: Locale Chef de Gare Locale Voiture Correspondante Locale Voiture Advisor

This report must be post marked **No later than August 15, 2024**

Mail to: Judy Pfalzgraf
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