



RUTH SINGLER PDP COMMUNITY SERVICE AWARD

LADIES AUXILIARY NAME: _____ **NO.** _____

ADDRESS: _____

DESCRIPTION OF PROJECT:

(use back of sheet if additional space is needed)

SUMMARY

NUMBER OF VOLUNTEERS _____

NUMBER OF HOURS _____

NUMBER OF MILES _____

NUMBER OF PEOPLE SERVED _____

TOTAL EVALUATION _____

NOTE: Application MUST be submitted to your Department 3rd Vice President by May 1st.