

# Ancient Order of Hibernians

NEW YORK STATE  
CHARITIES AND MISSIONS  
REPORT FORM

## SINGLE EVENT REPORT

DIVISION : \_\_\_\_\_

COUNTY: \_\_\_\_\_

DATE OF EVENT: \_\_\_\_\_

DOLLAR AMOUNT OF  
DONATION: \_\_\_\_\_

NAME OF CHARITY  
OR ORGANIZATION: \_\_\_\_\_

List any comments you might like to share:

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If you are reporting man hours list the number of members  
that participated and the total hours.

NUMBER OF MEMBERS: \_\_\_\_\_

NUMBER OF HOURS: \_\_\_\_\_

**Mail to:**

**Matthew Buckley**

**NYS AOH Charity & Missions Chair**

**3 Harvest La.**

**West Islip, NY 11795**