

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:

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:

**Timothy Tobin
NYS AOH Charities & Missions
507 West Hudson Street
Elmira, NY 14904**