

EXTENSION AND REVITALIZATION REPORT 2024 – 2025
YOUR AUXILIARY IS ENCOURAGED TO REPORT AFTER EACH PROJECT'S COMPLETION.
ALL REPORTS MUST BE SUBMITTED BY MARCH 31, 2025.

District #: _____ **Auxiliary #:** _____ **Auxiliary City:** _____ **Date Submitted:** _____
Submitted by: _____ **Phone and Email of submitter:** _____

#1. Did your Auxiliary receive a Healthy Auxiliary Certificate? Yes _____ No _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#2. Did your Auxiliary participate in any Other activity relating to the Extension & Revitalization Program?
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

Send this form to: Tessa Butcher, 906 E 4th, Newton KS 67114, or butchert@hotmail.com
Send one copy to your District Chairman. Keep one copy for your Auxiliary files.