

**SOROPTIMIST OF HUMBOLDT BAY**

**FINAL CLUB GIVING REPORT**

Name of Organization:

Name of Program:

Amount of Gift given:

How was Gift Spent?

How many women/girls were served by the Gift?

Approximate ages of women/girls that were served:

Describe your Program and its Objectives:

How did you recognize Soroptimist of Humboldt Bay for the Gift?

Report prepared by: Date:

Please return to:

Soroptimist International of Humboldt Bay

P.O. Box 96

Eureka, CA 95502

**REMINDER: PROGRAMS THAT DO NOT RETURN A COMPLETED CLUB GIVING REPORT WILL NOT BE ELIGIBLE FOR FUTURE CLUB GIVING IN THE NEXT GIVING YEAR**