

**DOROTHY THOMPSON CHILD WELFARE AWARD  
2018-2019**

FOR CABANES LOCALE WITH TWENTY (20) MEMBERS OR LESS  
RULES GOVERNING THIS TROPHY

+++++

This report shall consist of monetary donations, miles traveled and hours worked, as long as it is for a Voiture Program. Credit for hours and mileage may be taken by any member of the Cabane for the work done for the Voiture for assistance to other organizations, but the monetary assistance may not be counted for any other organization other than La Societe de Femme. Remember in filling out the report to explain how you reached the reported figure in regards to articles donated: clothing, food, toys, etc. **PROGRAMS:** Monetary assistance to children. Food, clothing, rent and fuel donations (including distribution mileage). Medical, surgical, dental and hospital services (glasses and wheelchairs). Immunization services and materials. Parties, entertainment, movies and gifts (This would include all holidays and all types of children's homes and/or hospitals). Sending children to recreational and /or health camps. Donations to health, welfare and charitable organizations as long as it is stipulated for children only. School lunches and/or food services. Services for children's institutions, hospitals, state training schools and clinics (if wages are received do not take credit). Blood donations – again for children only (\$35.00 credit for each pint of blood). Holiday parties or activities at Christmas, Halloween, Easter, etc. Sponsorship of teen groups – Drum & Bugle Corps, all types of sports, band, etc. Donations to various children research institutions (March of Dimes, Leukemia research, children's hospitals, centers and clinics, Easter Seals, etc.). Junior League Baseball for boys or girls. **DO NOT TAKE CREDIT FOR BABYSITTING.** A breakdown should be given explaining how monies were earned and on the mileage **ONLY** the driver of the vehicle may count her mileage not the riders.

**Each Cabane shall provide a Child Welfare report to their Voiture annually prior to Voiture Grande Promenade.**

CABANE LOCALE # _____	GRANDE DE _____	MEMBERSHIP AS OF JUNE 30, 2019 _____		
Type of Activity Performed	a. Hours Worked	b. Miles Traveled	c. Money Donated	d. Value of Material Used

Total of each column here:

a. Total Hours Worked \_\_\_\_\_ x \$10.00 = \$ \_\_\_\_\_

b. Total Miles Traveled \_\_\_\_\_ x \$1.00 = \$ \_\_\_\_\_

c. Total Money Donated \_\_\_\_\_ \$ \_\_\_\_\_

d. Total Value of Material Used \_\_\_\_\_ \$ \_\_\_\_\_

Total of lines a + b + c + d = \$ \_\_\_\_\_

ATTESTED:

\_\_\_\_\_  
La Correspondante Locale  
Phone# ( ) \_\_\_\_\_

\_\_\_\_\_  
La Presidente Locale  
Phone#( ) \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

**REQUIRED VERIFICATION**

"I verify that the above is one of the Voiture Programs."

Attested by: \_\_\_\_\_  
Chef de Gare

or: \_\_\_\_\_  
Voiture Correspondant

or: \_\_\_\_\_  
Voiture Advisor

=====

**THIS REPORT MUST BE POST MARKED NO LATER THAN JULY 31, 2019**

MAIL TO: JUDY PFALZGRAF  
625 OAK LANE  
HORICON, WI 53032