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CATHOLIC DAUGHTERS OF THE AMERICAS
LOCAL COURT TO STATE CHAIR
CIRCLE OF LOVE REPORTING FORM

March 1, 2007-February 29, 2008

Name of Circle of Love Program Education

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ Phone _____

Address _____

Directions: Briefly describe the most outstanding project in this area of the Circle of Love program since the 2007 state convention. **Please print or type** and send to the appropriate State Chairman postmarked **no later than March 1, 2008.**

1. Describe the project.

2. What are the goals and visions of this project (purpose of the project)?

3. How many members participated in this project? _____

4. What were the results and impact of this project?

(Please use the back of this page or additional sheets if necessary. Thank you for completing this Report.) (Revised 8-07)



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CATHOLIC DAUGHTERS OF THE AMERICAS
LOCAL COURT TO STATE CHAIR
CIRCLE OF LOVE REPORTING FORM

March 1, 2007-February 29, 2008

Name of Circle of Love Program _____ Legislation _____

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ Phone _____

Address _____

Directions: Briefly describe the most outstanding project in this area of the Circle of Love program since the 2007 state convention. **Please print or type** and send to the appropriate State Chairman postmarked **no later than March 1, 2008.**

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LOCAL COURT TO STATE CHAIR

CIRCLE OF LOVE REPORTING FORM

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March 1, 2007-February 29, 2008

Name of Circle of Love Program _____ National Projects _____

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ Phone _____

Address _____

Directions: Briefly describe the most outstanding project in this area of the Circle of Love program since the 2007 state convention. **Please print or type** and send to the appropriate State Chairman postmarked **no later than March 1, 2008.**

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LOCAL COURT TO STATE CHAIR

CIRCLE OF LOVE REPORTING FORM

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March 1, 2007-February 29, 2008

Name of Circle of Love Program _____ Quality of Life _____

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ **Phone** _____

Address _____

Directions: Briefly describe the most outstanding project in this area of the Circle of Love program since the 2007 state convention. **Please print or type** and send to the appropriate State Chairman postmarked **no later than March 1, 2008.**

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LOCAL COURT TO STATE CHAIR

CIRCLE OF LOVE REPORTING FORM

R

March 1, 2007-February 29, 2008

Name of Circle of Love Program Spiritual Enhancement

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ Phone _____

Address _____

Directions: Briefly describe the most outstanding project in this area of the Circle of Love program since the 2007 state convention. **Please print or type** and send to the appropriate State Chairman postmarked **no later than March 1, 2008.**

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LOCAL COURT TO STATE CHAIR
CIRCLE OF LOVE REPORTING FORM

March 1, 2007-February 29, 2008

Name of Circle of Love Program Youth

Ct. Name & No. _____ City, State _____ Membership _____

Send to: **STATE PROGRAM CHAIRMAN:**

Name _____ Phone _____

Address _____

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