



GFWC-Mississippi Federation of Women's Clubs, Inc.



GFWC-MFWC Special Emphasis Project State Institutions Report Form

**January 1 - December 31
Club Year 2024, Reporting Year 2025**

Report Prepared By:

Name: _____ Title: _____
Phone Number: _____ Email Address: _____

Club Name: _____ District: _____
Town: _____

Statistics:

Mississippi State Hospital
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

Mississippi School For The Blind
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

Mississippi School For The Deaf
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

Ellisville State School
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

State Veteran's Home: Collins, MS
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

State Veteran's Home: Jackson, MS
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

State Veteran's Home: Kosciusko, MS
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

State Veteran's Home: Oxford, MS
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

Other State Institutions (As listed on next page)
Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____

Total Numbers for All State Institutions

Volunteer Hours: _____
Members Participating: _____
Dollars Contributed: _____



*GFWC-Mississippi Federation of
Women's Clubs, Inc.*



Club Name:

Services and Contributions to other state Supported Institutions related to the above.

State Institution Report Form Instructions:

1. Use additional pages, if needed, to explain participation and service in these programs.
2. You may include a narrative report if you wish.
3. This report should be included in your report package which must be **emailed by February 1st** of each year.