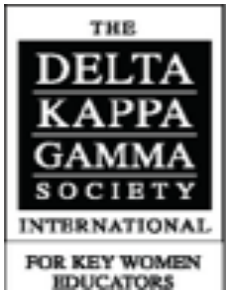

MISSISSIPPI STATE ORGANIZATION

Chapter Service Project Report

Chapter_____ District_____

Chapter President_____

Address_____

_____

Phone Number_____ Email_____

Name of Chapter Service Project: _____

Submit a color photograph (with a caption) depicting your project. Be sure to put your chapter name on the back of the photograph.

In a short paragraph **(100 words or fewer)**, describe your chapter's project.

_____

_____

_____

_____

_____

_____

_____

_____

_____

Report must be ***postmarked or emailed no later than February 1,*** addressed to the Personal Growth and Services Representative