



United States Women of Today



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Community Connections Report

Chapter _____ State _____ Trimester 1 _____ 2 _____ 3 _____

Person Submitting _____ Position _____

Mailing Address _____ City _____ State _____ Zip _____

Email _____ Phone _____ Year _____ to _____

Project	Recipient	Service Area	Dollars	Education/ Service/Fundraiser	Service Hours	Community Impact

USWT SERVICE AREAS ARE ONLY FOR:

State Programs—External/Internal Chapter Projects—External/Internal Make A Difference Day Projects

{NOTE Please fill out the appropriate forms for the Domestic Violence Aware and Buckets of Sunshine,}

Please submit form to Programming Vice President