



AUBA WOMEN'S INSTITUTE

ANNUAL QUESTIONNAIRE

Church Name:		
Organization's Name:		
President's Name:		Address:
	Ph. #:	Email:
Secretary's Name:		Address:
	Ph #:	Email:
Number of Members:	Total Funds Raised during year:	
How were funds raised?		
Other Projects Undertaken (Church and/or Community)		
Comments/Suggestions re: Future Programs:		
Resolutions: (to be discussed at Business Session):		
Financial Gift	G. E. Smith Memorial Scholarship	Trust Fund
Obituaries:		
Would you like to Host a Session of the Women's Institute?		Yes: No:
*80+ Birthdays – (write on back of page if required)		*50 th Anniversary: (write on back of page if required)

Return completed **Questionnaire** by **JUNE 30TH** along with **130 copies** to:
 Ms. Bernadine Sparks, Asst. Sec'ty, 203-951 Cole Harbour Road, Dartmouth, NS B2V 2J3
 (902) 434-7440 **Email:** bernadinesparks@gmail.com