2026– 2027 DISTRICT PRESIDENT OF THE YEAR REPORT **Report must be Received by: May 5, 2027**

Doreen Dale - Awards Chairman

District President_____ Email: _____ District No. _____

Please provide the report with at least ONE extra page summarizing how you helped your District this year.

If you need more than 2 extra pages, PLEASE SEND VIA US MAIL BY THE DEADLINE.

1. Were new District Officers elected and Installed prior to Department Convention 2026? Yes ___ No ___
2. Was your District bonded August 31, 2026? Yes____ No ____ Through MALTA _____ or Dept. Treasurer_____?
3. What was your District Membership total _____ and percentage _____% on April 30th, 2027?
4. Did your District submit the required 990-N (e-Postcard) to IRS & Department Treasurer by November 15, 2026? Yes ___ No ___ What is your EIN # _____(check with your Treasurer)
5. Did you visit all Auxiliaries in your District & report same to Department by April 30, 2027? Yes ___ No ___
   **Did you check for current proof of bonding of auxiliary Treasurer/President & verify? Yes ___ No ___
   **Were all of your Auxiliaries audits current & forwarded to the Department Treasurer? Yes ___ No ___
   **Did you sign ALL Auxiliary Secretary & Treasurers books at the time of visit? Yes ___ No ___
   **Did you request approval from Department President to assign someone else to visit your Auxiliary? Yes ___ No ___ Who was it? _____
6. Did your Auxiliaries meet 100% donation commitments for the Hospital Program? Yes ___ No ___
   The same for the National Home Health and Happiness (.25 per member)? Yes ___ No ___
7. Did you promote all National Programs at your District meetings? Yes ___ No ___
   ** How did you accomplish this? _____
8. Did you send ALL your visitation reports & monthly reports to the Dept. Chief of Staff and to the Dept. President as required (July 2026 through May 2027? Yes ___ No ___
9. Did you or a representative attend the Department School of Instruction? Yes ___ No___
   ** Representatives Name & position held_____
10. Did you or a representative attend the Department Mid-Winter Conference? Yes ___ No___
    ** Representatives Name & position held_____
11. Did you or a representative attend the National President's visit? Yes ___ No___
    ** Representatives Name & position held_____
12. How many Departments Council of Administration meetings did you attend? _____

Comments: _____

_____

_____

_____

Original Copy: Awards Chairman **Doreen Dale** donndale@gmail.com
3548 Arrowroot St SE **360-270-4445**
Lacey, WA 98513-4258

Copy: District Records