

**FAMILY HEALTH, HEARING AND SAFETY  
ANNUAL REPORT**

GRANGE NAME \_\_\_\_\_

FAMILY HEALTH, HEARING & SAFETY CHAIRMAN \_\_\_\_\_

Check the program handbook for the point system for each entry. Please list the items your Grange completed in each of the following areas.

HEALTH PROGRAMS/PROJECTS

EDUCATION

COMMUNITY SERVICE

PROGRAMS INVOLVING OTHER DEPARTMENTS

DONATIONS TO THE DEAF FUND

APPLICATIONS FOR SCHOLARSHIPS (FOR DEAF OR HARD OF HEARING)

NEW MEMBERS DUE TO YOUR PROJECTS

ATTACH ADDITIONAL PAPER IF YOU NEED MORE SPACE. PLEASE SEND BY FEB 15, 2009 TO STATE  
DIRECTOR OF FAMILY HEALTH, HEARING, AND SAFETY:

TOM GWIN  
PO BOX 181  
HUMPTULIPS, WA 98552