



OUTREACH Project Reporting Form

Chapter Name: _____ Region: _____

of total chapter members: _____ # of participating members: _____

Name of Outreach project: _____

Beneficiary / Recipient of Project: _____

How was the project financed? _____

Final cost of project: _____

Number of hours spent on project: _____

Special skills or techniques required: _____

Special supplies required: _____

Is the pattern / instructions available to share with other chapters? _____

Sharing cost: material _____ postage _____

Additional information for other chapters to decide to participate in this project:

Chapter Outreach Chair: _____

Address: _____

Email: _____

Please send your completed form to your Region Outreach Chair and

Beate Lies, EGA Outreach Chair, beainsc@gmail.com 226 Partridge Trail, Walterboro, SC 29488