



Altrusa International Foundation, Inc.

Club 21 Program

Follow-Up Report

(Please type or print)

Organization _____

Program Name _____

Program Leader (submitting form) _____ Title _____

Address _____

City, State, Country, Postal Code _____

Telephone (B) _____ (H) _____

Email _____

Date of Grant _____

Sources of Funding:

If other funding available, please state: _____

On a separate page, provide a brief paragraph for each section below:

- 1. Indicate how funds were obtained for program. (Indicate fundraising events, support by local organizations, community involvement, etc.)
2. Explain how the program was conducted and services provided to children. (Include roles and participation of volunteers, medical staff, etc; how much service they provided; what other individuals/agencies were involved, and to what degree)
3. Explain how the program was evaluated.
4. Describe any public recognition your organization program received. (You may wish to attach copies of documents or pictures)

Signature of Member Completing Form

Title

Date

Please return completed Follow-up form to:

Altrusa International Foundation, Inc.
One North LaSalle Street, Suite 1955
Chicago, IL 60602
Phone: 312-427-4410; Fax: 312-789-4416
E-mail: foundation@altrusa.org