



Assured Life Association Operation Santa's Elves Project



Reporting Form 2016

I am reporting: as an individual member
 on behalf of my Camp/Lodge

Name of individual or Camp/Lodge: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Camp/Lodge No. _____

Describe your activity or event: _____

Number of Members Involved: _____ Number of Non-Members Involved: _____

Estimated Number of Hours Spent for the Event (include planning and preparation time as well as the event itself): _____

Estimated \$ Amount of toys/gifts donated: _____

Name of Project or Organization that benefited from activity/event (toys for tots, adopt-a-family, salvation army, etc.):

City: _____ State: _____

Quantify your results here - How many toys/items did your event collect? How many families or children benefited from your event? _____

Monetary donations made: _____

Send reporting forms and information to:

**Jerry Christensen
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FAX to: 866-663-8560
Email to: jlc@assuredlife.org**