

**United Daughters of the Confederacy®**  
**MRS. NORMAN V. RANDOLPH RELIEF FUND ANNUAL REPORT**

September 1, 20\_\_\_\_\_ August 31, 20\_\_\_\_\_

No Report

Chapter name and number: \_\_\_\_\_

Division or Chapter Where No Division (CWND) name: \_\_\_\_\_

Initially those receiving relief from the Mrs. Norman V. Randolph Relief Fund were widows, sisters, mothers, daughters of Confederate Soldiers or those who had given aid to the Confederate States of America. In 2011, due to the declining number of Real Daughters needing financial assistance, the fund was opened to Granddaughters 72 years-old or older. At the present time, we have one Relief Recipient: Mrs. Sammy Hynds Harrison.

If more space is needed, use reverse of this sheet.

- 1. Number of cards sent to Mrs. Harrison during the year? \_\_\_\_\_
- 2. Number of personal visits to Mrs. Harrison? \_\_\_\_\_
- 3. Amount sent directly to Randolph Relief Recipient Mrs. Harrison? \$ \_\_\_\_\_
- 4. Value of gifts sent to Mrs. Harrison during the year \$ \_\_\_\_\_

Describe briefly:

5. Describe your Chapter's "Randolph Relief Adoptee" projects:

6. Did your Chapter discuss or present program(s) on Randolph Relief Fund at meetings?  Yes  No

Describe briefly:

For Chapter use.

Chairman name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Complete this form and send to appropriate Division level person by your division deadline.

For Chapter/CWND use.

Chairman name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_

Compile Chapter reports and complete this form. Send to General Committee Chairman by September 15.

Number of Chapters in Division \_\_\_\_\_ Number of Chapters Reporting \_\_\_\_\_

Chairman contact information  Division  Chapter

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone # \_\_\_\_\_ Email: \_\_\_\_\_