

POMONA ANNUAL REPORT

Grange Number Only:

Chairperson Initials Only:__

1. Was a Deaf & Health Program presented? Yes, ___ No ___

If yes, give a brief description and use other pages for details:

2. Were reports given at your regular meetings? Yes, ___ No ___

3. Did your Grange donate to the Hearing Aid Fund? No ___ Yes ___ If Yes, Amount _____

4 Did you give helpful Deaf & Health hints at your meetings each month? Yes,___ No___

(Please attach any Deaf & Health hints given to this report)

5. Did your members participate and/or attend any of the activities of the State Committee?

RI School for the Deaf Speaker Yes___ No___ If so, how many

Rumford Lions Speaker (Eyeglasses) Yes___ No___ If so, how many

Corliss Institute Executive Director Yes___ No___ If so, how many

Bowl-a-thon Yes ___ No ___ If so, how many_____

6. Did any of your members attend Pomona Deaf & Health programs at Granges (including your own)?

Check below:

Providence Cty @ Roger Williams-Rumford March 25th, 2026___ if so, how many___

Newport Cty Pomona @ TBA, January 15th @ TBA___ if so, how many_____

THIS REPORT IS DUE TO STATE DIRECTOR BY SEPTEMBER 15th, 2026.