

## SUBORDINATE 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 you give any helpful health hints at your regular meetings? Yes, \_\_\_ No \_\_\_

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

4. Did your Grange donate to the Hearing Aid Fund? No \_\_\_ Yes \_\_\_ If Yes, Amount \_\_\_

5. Did your Grange donate to Project Close Up? No \_\_\_ Yes \_\_\_ If Yes, Amount \_\_\_

6. Did Your Grange scan "Box Tops for Education Receipts" yourself No \_\_\_ Yes \_\_\_

Number \_\_\_ and were they turned over to the Director to be confirmed? Yes, \_\_\_ No \_\_\_

If not scanned by yourself, did you collect receipts and turn them over to the Director No \_\_\_ Yes \_\_\_

Number \_\_\_

7. Did your members participate and/or attend any of the activities of the State Committee:

RI School for the Deaf Speakers? Yes, \_\_\_ No \_\_\_ If so, how many \_\_\_

Bowl-a-thon Yes \_\_\_ No \_\_\_ If so, how many \_\_\_

Lions Eyeglass Information Day Yes \_\_\_ No \_\_\_ If so, how many \_\_\_

Corliss Institute Speaker Yes \_\_\_ No \_\_\_ If so, how many \_\_\_

8. Did any of your members attend Subordinate Deaf & Health programs at Granges (including your own)?  
Check if you attended.

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| Richmond | TBA | if so, how many ___ |
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| Perryville | March 4 <sup>th</sup> , 2026, | if so, how many ___ |
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| Roger Williams-Rumford | March 4 <sup>th</sup> , 2026, | if so, how many ___ |
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| Kickemuit-Portsmouth | TBA | if so, how many ___ |
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| Chepachet | April 7 <sup>th</sup> , 2026, | if so, how many ___ |
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| Old Warwick | TBA | if so, how many ___ |
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| Hope Valley | July 6 <sup>th</sup> , 2026, | if so, how many ___ |
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**THIS REPORT IS DUE TO STATE DIRECTOR BY SEPTEMBER 15<sup>th</sup>, 2026.**