



Lioness Club Monthly Service/Activity Hours



Name: _____

Month/Year: _____

Date	Type of Service/Activity	Number of Hours	Administration Only								
			Environment	Hunger	Vision	Diabetes	Childhood Cancer	Youth	Humanitarian	Disaster	Other
Total Hours											

Recycling:

Batteries		Used Stamps		Ring Pulls		Foreign Coins		Ink Cartridges		Spectacles		Plastic Bottle Tops	
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