



## Numeracy And Literacy Report

Chapter\_\_\_\_\_ District\_\_\_\_\_

Chapter President\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_

Phone Number\_\_\_\_\_ E-Mail\_\_\_\_\_

**In 100 words or less, describe your chapter's project.**

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Attach one color photograph depicting your project along with a caption. Be sure to put your chapter name on the back of your photograph. No newspaper clippings, please.

**POSTMARKED NO LATER THAN FEBRUARY 1,** mail this completed form to the State Personal Growth and Services Committee Chairman: (See your chapter yearbook for her contact information).