



Minnesota Women of Today

Project of the Trimester²⁵

PLEASE TYPE OR PRINT. Postmark to appropriate state program manager three (3) weeks prior to state meeting. Nominations can be made by chapter president, district director, and project chair or program manager. Fill in as much information as you know.

Name of Project _____

Type of Project (Project Area) _____

Date(s) Project Held _____

Chapter _____ District _____ Area _____

Contact Information

Print Name _____ Trimester Submitted _____

Address _____

Email _____ Phone _____

Briefly summarize the Project (include purpose, people that benefit from the project, why the project is being nominated): This information will be used to briefly describe your project in upcoming newsletters, CIPs and other project information. Use back of this form if necessary.

Number of chapter members participating: _____

Number of people helped (if applicable): _____

Funds raised (if applicable): _____

Total number of hours spent on the project: (include planning, hours worked at the project, etc.) _____