

Kappa Kappa Iota STATE Empathy Report

TO: Regional Empathy Chair - **DATE DUE: May 5**

FROM: _____
Name Office/Committee

State

The following numbers of empathy concerns have been responded to by the state during this reporting period: (by visit, phone, mail, phone or e-mail)

_____ Death of a member or a family member
_____ Illness of a member or a family member
_____ Marriage of a member or of a member's child
_____ Birth of a child or a grandchild
_____ Education: Degree, New Certification, Scholarship
_____ Career: Honor, Advancement, Promotion, Retirement
_____ Anniversary
_____ Birthday
_____ Thinking of You
_____ New Kappas Initiated
_____ Religious and Civic Honors
_____ Inactive Members Contacted
_____ Others
_____ TOTAL FOR REPORTING PERIOD

Please return this report as soon as possible to: (Regional Empathy Chair)