

## Kappa Kappa Iota LOCAL CHAPTER Empathy Report

TO: State Empathy Chair

FROM:

FROM:

Name

Local Chapter

Office/Committee

State

**DATE DUE: May 1**

The following number of empathy concerns have been responded to by the local chapter during this reporting period (by mail, phone, visit, 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: (State Chair)