Zonta Club of Anchorage
Member of Zonta International

Member Service Hours
& In- Kind Report

Member Name: _____ Date Submitted: _____

Service Project: _____

Date(s) of Service: _____

In-Kind Dollars and/or materials donated: _____

_____

PROJECT	NUMBER OF HOURS
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Please describe how many women were impacted by this project and how it met Zonta's mission:

_____

_____

_____

_____

_____