

COMMUNITY SERVICE WORK REPORT FORM

2025 - 2026

Please complete this form and make it the first page of your report.

Grange Name _____ Grange No. _____

City, County _____ State _____ Zip _____

Chairperson's Name _____

Chairperson's Address: _____

State: _____ Zip Code: _____ Phone # _____

Email: _____

Number of Grange Members: _____

Did your Grange receive help from outside organizations or individuals? Yes ___ No ___

Master's Name: _____

Signature of Community Service Chairperson: _____

The judges are not familiar with your Grange, membership, or community. On a separate sheet please write a brief paragraph that best describes your Grange. Pictures would be helpful, if available. This information will assist the judges in understanding your projects.

**The report must be received by RISG Community Service Director by:
September 1st.**