**2015 Miss Oklahoma Pageant**

**CMNH Donation Report**

 Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please complete the information below and attach it to your CMN Qualification Report – please bring both to check-in on Saturday, May 30, 2015.

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| **STATE CMN & Community Service Report**Please Report State and Local Other Community Services Fundraising Separately – Do Not Combine |
| **State Level** |  **CMN** | **State Level** | **Other Community Services** |
| Number of CMN Donations | # | Number of Community Service Projects  | # |
| Number of Fundraising Hours | # | Number of Project Hours | # |
| Dollar Amount Raised | $ | Dollar Amount Raised | $ |

|  |
| --- |
| **LOCAL CMN & Community Service Report**Please Report State and Local Other Community Services Fundraising Separately – Do Not Combine |
| **Local Level** |  **CMN** | **Local Level** | **Other Community Services** |
| Number of CMN Donations | # | Number of Community Service Projects  | # |
| Number of Fundraising Hours | # | Number of Project Hours | # |
| Dollar Amount Raised | $ | Dollar Amount Raised | $ |