**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.

|  |  |  |  |
| --- | --- | --- | --- |
| **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 | $ |