Miss Oklahoma Organization

State Candidate Donation Report

2020-2021

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

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

**Please complete the below information and bring to check-in on June 5, 2021.**

This was part of your paperwork from 2020 that was never turned in. You may still have this form already completed which you can submit. If you do not find your completed form, please complete this form to the best of your ability. This will include information from 2020 through 2021. All candidates must turn in a form.

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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 | $ |