Mended Hearts 2019 Progress Report - Worksheet
Period: Jan 1, 2019 through Dec 31, 2019

We will be sending out an online annual report link in early January. This worksheet is intended to help prepare you for filling out your report online. This worksheet is for your purposes only. Please do not send it to National. You MUST fill out your form online when we send you the link.

1. Chapter Name: ______________________________________________________

2. Chapter Number: ______

3. Chapter City: __________

4. Chapter State (abbreviated form): ______

5. Region: __________ Select one: (Central, Mid-Atlantic, Midwest, Northeast, Rocky Mountain, Southern, Southwest, Western) Note: If unsure of region, please check mendedhearts.org/FIND CHAPTERS for map of color-coded states and regions.

Please respond to ALL questions. If there is nothing to report for a given question, please enter 0 (zero) in the appropriate field. Remember to include information from your satellite, if applicable. PLEASE ANSWER QUESTIONS IN NUMERICAL FORMAT.

6. Total number of chapter meetings held in 2019: ______

7. Of the total number of meetings held in 2019, how many were educational: ______

8. Total number of board meetings held in 2019: ______

9. Does your chapter have a Facebook page? Yes _____ No _______

10. If Yes, how many followers: __________

11. Does your chapter have a Twitter page? Yes _____ No _______

12. If Yes, how many followers: __________
13. Does your chapter have satellites? __________  Yes ____  No____

14. If Yes, how many: __________

CHAPTER SATELLITES

15. Name, hospital system, address, city and state of Satellite 1:
___________________________
___________________________
___________________________

16. Name, hospital system, address, city and state of Satellite 2:
___________________________
___________________________
___________________________

17. Name, hospital system, address, city and state of Satellite 3:
___________________________
___________________________
___________________________

18. Name, hospital system, address, city and state of Satellite 4:
___________________________
___________________________
___________________________

19. Name, hospital system, address, city and state of Satellite 5:
___________________________
___________________________
___________________________
20. Name, hospital system, address, city and state of Satellite 6:
______________________________________________
______________________________________________
______________________________________________

21. Person submitting report: ______________________

22. Email of person submitting report: ____________________________