

Governor's Project Form



Please indicate during the 2016-2017 Kiwanis year which projects you participated in and how/what activity you did to meet the goal of participation/project completion. Please at a minimum; support one special focus project as well as one of the three foundations. For questions on completing the Governor's project, please contact chairs, IPLG Jeanne M. Egan at post2004@att.net / 516-353-8325 or David Mure at joemurejr@aol.com. Thank you.

Special Focus Projects (Choose at least one and describe what you did):

- Anti-bullying: _____
- Autism Awareness: _____
- Drug Overdose: _____
- Juvenile Diabetes: _____
- Student Athlete Cardiac Screenings: _____

Three Foundations (Choose at least one and describe what you did):

- Kamp Kiwanis: _____
- Kiwanis Pediatric Lyme Disease: _____
- Kiwanis Pediatric Trauma Center: _____

Date completed: _____

Club Secretary Signature: _____

Club President Signature: _____

Club Name: _____ **Division Name:** _____

Please direct all completed forms to the district office Attention: District Secretary Rich Hall no later than **October 15, 2017** at districtoffice@kiwanis-ny.org or New York District PO Box 428 Glen Cove, NY 11542.