

Breastfeeding Counselors are responsible for regularly and accurately reporting information about the volunteer contacts they make for Breastfeeding USA. We collect and report key statistics to demonstrate the effectiveness of Breastfeeding USA in delivering our mission.

Breastfeeding Counselor Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this reporting period I provided information and support to the following number of individuals through personal contacts as a Breastfeeding USA Breastfeeding Counselor:

 Casual Contacts

\_\_\_\_\_\_\_\_\_\_\_ Pregnant Mothers \_\_\_\_\_\_\_\_\_\_\_Breastfeeding Moms

\_\_\_\_\_\_\_\_\_\_\_Dads/family members

\_\_\_\_\_\_\_\_\_\_\_Others

Via phone: \_\_\_\_\_\_\_\_\_\_\_\_

Via email: \_\_\_\_\_\_\_\_\_\_\_\_

Via face-to-face visit: \_\_\_\_\_\_\_\_\_\_\_\_

During this reporting period, did you work with a Breastfeeding USA Community Chapter to lead a meeting or other information/support event or accept/use funds on behalf of Breastfeeding USA? If yes, please provide information about Community Chapter activities on the following pages.

Thank you for reporting your activities
and for all the work you do to support the mission of Breastfeeding USA.



This page collects statistics about Breastfeeding USA Community Chapter activities.

Community Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this reporting period I led the following type(s) of information/support event sponsored by the Community Chapter:

Support group meeting: \_\_\_\_\_\_

Drop-in support activity: \_\_\_\_\_\_

Educational event: \_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other event: \_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The event(s) listed above were attended by the following numbers of individuals:

Breastfeeding Counselors: \_\_\_\_\_\_

Breastfeeding Mothers: \_\_\_\_\_\_

Pregnant Women: \_\_\_\_\_\_

Other Adults: \_\_\_\_\_\_

**Total Adults: \_\_\_\_\_\_** (add all above)

Babies and Children: \_\_\_\_\_\_

Please share any thoughts/comments about the event(s):

**FOR FUTURE USE**

The page collects information about Community Chapter financial activities.



Community Chapter Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reporting Period (Month/Year): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Community Chapter EIN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

During this reporting period, the Community Chapter experienced the following changes in financial assets:

Membership/donation revenues: \_\_\_\_\_\_\_

Event revenues: \_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other revenues: \_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Revenues: \_\_\_\_\_\_\_** (add all above)

Supplies expenses: \_\_\_\_\_\_\_

Postage/mailing expenses: \_\_\_\_\_\_\_

Other expenses: \_\_\_\_\_\_\_ Describe: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Total Expenses: \_\_\_\_\_\_\_** (add all above)

Current Bank Balance: \_\_\_\_\_\_\_

Describe purchase or disposal of any significant non-cash assets (worth >$250):