

Date: _____

STATE ABUSE LIFESAVERS PROJECT TRACKING/REPORTING 2025/2026

Court _____ # _____

CITY _____ REGENT _____

EMAIL _____

ADDRESS (street, town, zip) _____

LOCAL CHAIRMAN _____

BAGS PURCHASED FOR DISTRIBUTION _____ DATES OF DISTRIBUTION _____

NUMBER OF MEMBERS PARTICIPATING _____

TYPES OF ADVERTISEMENT (posters, bulletin announcement, pulpit announcement by priest, script read at mass by member, etc.)

TOTAL AMOUNT COLLECTED (less the cost of Lifesavers) \$ _____

50% OF TOTAL DONATION or MINIMUM OF \$50.00 TO BE SUBMITTED TO STATE \$ _____

50% OF TOTAL DONATION DONATED TO LOCAL PROJECT \$ _____

Please use the back or another sheet to answer the following questions: Please describe in detail the projects your Court did for Fund Raising for the Lifesavers/Abuse Project: (a) How did you get your parish to participate and (b) what did you do to educate the parishioners? (c) What worked and didn't work and (d) what would you do differently next year?

OTHER COMMENTS _____

Thank you for completing this report. We suggest you keep a copy to pass on to the next chairman. If you have any questions, concerns or looking for ideas, contact: Carol Kling, LifeSaver/Abuse Project Chairman ckling@sdplains.com 605-431-5486

WITHIN 30 DAYS OF PROJECT COMPLETION
SEND COMPLETED FORM AND YOUR COURT
CHECK (50% OF DONATION or MINIMUM OF \$50.00) WRITTEN TO : **SD Catholic Daughters of the Americas**

Mail to: Mary Kay Zimmerman, CDA Secretary
616 Sterling St
Vermillion, SD 57069

You can check the breakdown of state statistics here: <https://sdcrime.nibrs.com>