

Kappa Kappa Iota REGIONAL Empathy Report

TO: National Empathy Chair

FROM:

Name

Office/Committee

Region

DATE DUE: May 5

The following number of empathy concerns has been responded to by the region during this reporting period: (by mail, phone, visit, or e-mail)

- _____ Death of a member or a family member
- _____ Illness of a member or a family member
- _____ Marriage of a member or of a member's child
- _____ Birth of a child or a grandchild
- _____ Education: Degree, New Certification, Scholarship
- _____ Career: Honor, Advancement, Promotion, Retirement
- _____ Anniversary _____ Birthday _____ Thinking of You _____
- _____ New Kappas Initiated
- _____ Religious and Civic Honors
- _____ Inactive Members
- _____ Other

TOTAL FOR REPORTING PERIOD: _____

Please return this report as soon as possible to : (National Empathy Chair)