COMMUNITY SERVICE PROJECT TITLE: SALVATION ARMY BELL RINGERS

ZONE REPORTING: Southern
UNIT: Cortland1 (CARTA)

PROJECT DESCRIPTION - MAIN FEATURES:
Salvation Army Bell Ringers

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
   Name: Dottie Fowler Phone: (607) 756-6698
   E-mail: dfowler13045@verizon.net

TIME-FRAME for the event or project: (How long did it take from start to finish?)
Half an hour during the meeting

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone_______

OTHER ORGANIZATIONS with whom you partnered on this event or project.

PLAN TO CONTINUE THE PROJECT? Yes
If continuing, please describe if there are also any plans to expand the project.

WAYS TO INCLUDE A MEMBERSHIP RECRUITMENT FEATURE WITH THIS EVENT/PROJECT
Sign in stores advocating CARTA
People ringing who can answer questions and recruit new members

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: DONATION TO CHARITY OF CHOICE
ZONE REPORTING: SOUTHERN
UNIT: CORTLAND2 (CARTA)

PROJECT DESCRIPTION- MAIN FEATURES:
At our meetings, donation Jars are placed at each table, identifying a Charity of our Choice.

CONTACT PERSON: Please provide name and phone number for the person(s) who have the best working knowledge of this project.
   Name Phone (PAT ALMEIDA) 607 753 1008

TIME-FRAME for the event or project: (How long did it take from start to finish?)
   APPROXIMATE TIME DURING PLANNING STAGE:
About 10 minutes during the executive meeting
   APPROXIMATE TIME REQUIRED DURING EXECUTION STAGE:
About 10 minutes to contact the organization receiving the donation

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated. Jars for donation collection will be donated. Information about the organization that will receive the donations will encourage member's participation

PLAN TO CONTINUE THE PROJECT? Yes

WAYS TO INCLUDE A MEMBERSHIP RECRUITMENT FEATURE WITH THIS EVENT/PROJECT
As we get CARTA'S name out to the community, we might also promote information about our Organization to other retired teachers.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE:

DONATION TO CORNING HISTORICAL SOCIETY / ATTENTION TO BROWNTOWN SCHOOL HOUSE

ZONE REPORTING: SOUTHERN

UNIT: CORNING

PROJECT DESCRIPTION- MAIN FEATURES:
Our Corning Unit makes a donation to the Corning Historical Society with attention to The Browntown School House.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project:

Pam Hunter PHONE: (607) 962-4183

TIME-FRAME for the event or project: (How long did it take from start to finish?)

Planning stage: ½ hour Execution stage: ½ hour

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated.

Unit treasurer writes check as donation

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Call to remind recipients to come to the presentation meeting. Have photos taken.

NATURE OF PUBLICITY RECEIVED: Please attach any news releases, photos of event. Photo has appeared in local paper.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone?

PLAN TO CONTINUE THE PROJECT? Yes

Any plans to expand the project? Not at this time.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: DONATION TO CHARITY OF YOUR CHOICE
ZONE REPORTING: Southern
UNIT: EARTA (Elmira)

PROJECT DESCRIPTION- MAIN FEATURES:
At each meeting, small gift bags are placed on each table and members are asked for a cash
donations. The board decides prior to each meeting to whom the money will be given—Red
Cross, Food Bank, Arctic League, and so on.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have
the best working knowledge of this project.
   Name: Jeanne McCormick Phone (607) 739-4027
   E-mail: jeanlarmcc@aol.com

TIME-FRAME for the event or project: (How long did it take from start to finish?)
At least two hours per meeting.

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were
donated.
Need lots of small gift bags at the start plus continual postage costs to mail checks.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Be sure members know the recipient and understand why they are needy.

NATURE OF PUBLICITY RECEIVED: Please attach any news releases or photos of the event.
Television coverage of donation to local organization

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone 15

OTHER ORGANIZATIONS with whom you partnered on this event or project.
none

PLAN TO CONTINUE THE PROJECT? Yes X No
If continuing, please describe if there are also any plans to expand the project.

WAYS TO INCLUDE A MEMBERSHIP FEATURE WITH THIS EVENT/PROJECT.
A table is set up with literature about membership benefits, along with applications at the
entrance to each luncheon.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: COLORING BOOK / CRAYONS COLLECTION
ZONE REPORTING: Southern
UNIT: Elmira3 (EARTA)

PROJECT DESCRIPTION - MAIN FEATURES:
Every year, at our December meeting, we ask each member or guest to bring unwrapped coloring books and/or crayons to be distributed to needy children through the Seneca Santa Program.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
Linda Moore Phone (607) 535 7591 e-mail: Ldowneymo@hughes.net

APPROXIMATE TIME REQUIRED DURING PLANNING STAGE?
Little after initial discussion by executive board.

TIME- FRAME for the event or project: (How long did it take from start to finish?)
At the conclusion of the meeting, the donations need to be collected & delivered to Seneca Santa Site.

RESOURCES NEEDED: Please include estimate of the cost and what resources, if any, were donated. Items are donated by members and delivered, at no cost, to the organization.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
It is helpful to remind people, when they are called, to bring their donations to the December meeting.

APPROXIMATE # OF YEARS the project has been sponsored by the unit
Not sure, but it has been done for many years.

PLAN TO CONTINUE THE PROJECT? Yes _X_ No

If continuing, please describe if there are also any plans to expand the project.
We have started asking people to bring personal care items for distribution to teens through Catholic Charities

WAYS TO INCLUDE A MEMBERSHIP RECRUITMENT FEATURE WITH THIS EVENT/PROJECT

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: COLLECTION: FOOD & MONEY FOR CHOW

ZONE REPORTING: SOUTHERN ZONE
UNIT: EBB1

PROJECT DESCRIPTION- MAIN FEATURES:
Collection for CHOW of non-perishable food items and money

RESOURCES NEEDED: Please include estimate of the cost and what resources were donated.
All money and food collected goes to CHOW

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Boxes are needed for the collected items. Someone needed to deliver money & food to CHOW

PLAN TO CONTINUE THE PROJECT? Yes

If continuing, please describe if there are also any plans to expand the project. No

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE:
COLLECTION OF TOYS & MONEY FOR TOYS FOR TOTS

ZONE REPORTING: SOUTHERN ZONE
UNIT: EBB2

PROJECT DESCRIPTION- MAIN FEATURES:
Money and toys are collected at meetings
Collected items and money are delivered to Toys For Tots.

RESOURCES NEEDED: Please include estimate of the cost and what resources were
donated.
Donated boxes for toys collected
Volunteer to deliver toys and money collected

PLAN TO CONTINUE THE PROJECT? Yes

PLANS TO EXPAND PROJECT? NO

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE:
COLLECTION: EYE GLASSES, HEARING AIDS, MONEY FOR LION'S CLUB

ZONE REPORTING: SOUTHERN
UNIT: EBB3

PROJECT DESCRIPTION- MAIN FEATURES: Eye glasses, cases, hearing aids and money are collected and donated to Lion's Club

RESOURCES NEEDED:
Need box for collection
Volunteer to deliver items to Lion's Club

PLAN TO CONTINUE THE PROJECT? Yes

Plains to expand the project: No

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: COLLECTION FOR JAIL MINISTRIES

ZONE REPORTING: SOUTHERN ZONE
UNIT: EBB4

PROJECT DESCRIPTION- MAIN FEATURES: Toiletries, playing cards, socks, money, etc. are collected for Jail Ministries.

RESOURCES NEEDED: Please include resources if any were needed. Boxes for collected items and person to make deliveries.

PLAN TO CONTINUE THE PROJECT? Yes

Plans to expand the project No

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: COLLECTION FOR MOM'S HOUSE:

ZONE REPORTING: UNIT: EBB5

PROJECT DESCRIPTION- MAIN FEATURES: Collection of items such as baby food, diapers, wipes, money, etc. for donation to MOM's HOUSE.

RESOURCES NEEDED:
Boxes for items collected
Person to deliver items to MOM's House.

PLAN TO CONTINUE THE PROJECT? Yes

If continuing, please describe if there are also any plans to expand the project. No

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: COLLECTION: PULL TABS FROM CANS
ZONE REPORTING: UNIT: EBB6

PROJECT DESCRIPTION- MAIN FEATURES:
Pull Tabs from soup and soda cans are collected and donated to a school organization: Family, Career and Community Leaders of America (formerly Home Economics Club). FCCLA sends the money they obtain from this donation to The Ronald McDonald House Charities, 1027 East Genesee St., Syracuse, NY 13201

CONTACT PERSON:  Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
   Name  (Margaret Helt)
   E-mail:___________________

RESOURCES NEEDED: Plastic containers for safe storage of can tabs, and a volunteer to keep the collection until it is sufficient to deliver the can tabs to the FCCLA organization.

ORGANIZATIONS with whom you partnered on this event or project
NYS FCCLA

Please describe if there are also any plans to expand the project. No

PLAN TO CONTINUE THE PROJECT? Yes.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: ANIMAL CARE SUPPLIES COLLECTION

ZONE REPORTING: SOUTHERN UNIT(s): EASTERN BROOME BRANCH

PROJECT DESCRIPTION - MAIN FEATURES:

Animal care supplies such as pet food, blankets, toys, towels and money for such is collected from unit members.

CONTACT PERSON: Please provide name and phone number for the person(s) who have the best working knowledge of this project.
Name: Co-President: Kathy Gardner and Stephen Cornell
Phone: Cornell: 607-722-3391; Gardner: 607-748-6026

TIME-FRAME for the event or project: (How long did it take from start to finish?)
Goods and money are collected at the meeting and then delivered.

RESOURCES NEEDED: Please include estimate of the cost and what was donated.
Boxes for collected items
Person(s) to make delivery
Money or goods donated
All items are donated.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Finding people to deliver the items.

NATURE OF PUBLICITY RECEIVED: Please attach any news articles, releases or publicity received as a result of this event.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 6+

OTHER ORGANIZATIONS with whom you partnered on this event or project: NONE

PLAN TO CONTINUE THE PROJECT? Yes, X No, No If continuing, please describe if there are also any plans to expand the project.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: DONATION TO SOUTHERN TIER LIBRARY
WITH ATTENTION TO CHILDREN'S LIBRARY

ZONE REPORTING: SOUTHERN

UNIT: CORNING

PROJECT DESCRIPTION- MAIN FEATURES: The Corning Unit makes a donation to the
Southern Tier Library with attention to The Children’s Library.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have
the best working knowledge of this project.

Name: Pam Hunter Phone: (607 962 4183)

TIME-FRAME for the event or project: (How long did it take from start to finish?)
Planning stage: ½ hour Execution Stage: ½ hour

RESOURCES NEEDED: Please include estimate of the cost & what resources were
donated.

Unit treasurer writes check as "donation".

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Call to remind recipient to come to the presentation meeting. Have a photo taken.

NATURE OF PUBLICITY RECEIVED: Please attach any news release/ or photos of event.
Photo has appeared in local paper

PLAN TO CONTINUE THE PROJECT? Yes
If continuing, please describe if there are also any plans to expand the project.

Not at this time.

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: DONATIONS FOR LOCAL FOOD PANTRIES

ZONE REPORTING: SOUTHERN UNIT: CORNING

PROJECT DESCRIPTION - MAIN FEATURES: At one luncheon, phone tree callers (and news letter) ask for canned food and/or cash donations for the local Food Pantry.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
Name: Pam Hunter Phone: (607) 962-4183

TIME-FRAME for the event or project: (How long did it take from start to finish?)
Planning: ½ hour Execution: ½ hour

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated: No cost to Unit. Members provided food and other donations. Two members took donations to the Food Pantry.

NATURE OF PUBLICITY RECEIVED: Please attach news releases or photos of the event. Thank you notes from Food Pantry

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone: 3 years

PLAN TO CONTINUE THE PROJECT?: Yes
If continuing, please describe if there are also any plans to expand the project.
Not at this time

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: DONATIONS TO LOCAL ORGANIZATIONS

ZONE REPORTING: SOUTHERN

Unit: WBET1: Western Broome Eastern Tioga

NUMBER OF YEARS THIS PROJECT HAS EXISTED: 23

PROJECT DESCRIPTION- MAIN FEATURES: To donate $100 to each of 4 local organizations that help others. We have donated money to The Binghamton Police Department's Summer Camp Program For Kids; Glove House, a program that supervises troubled teens & helps them get through high school; Meals On Wheels, both East & West; Ziggies Quilts of Endwell, that regularly sends materials needed by our troops overseas.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
Any acting president of WBET

TIME-FRAME for the event or project: (How long did it take from start to finish?)
Planning Stage: Item included on May agenda of the Luncheon Meeting
Execution Stage: The time it takes to make the motions necessary to accept four organizations To which the members want to donate.

RESOURCES NEEDED: Please include estimate of the cost and what resources, if any, were donated. Did the Zone/Unit make a financial contribution to support this event? Yes
The commitment of money in the Unit's budget, or a separate money collection drive.

NATURE OF PUBLICITY RECEIVED: none.

OTHER ORGANIZATIONS with whom you partnered on this event or project.: None

PLAN TO CONTINUE THE PROJECT? Yes, budget permitting.
If continuing, please describe if there are also any plans to expand the project.
None at this time.

WAYS TO INCLUDE A MEMBERSHIP RECRUITMENT FEATURE WITH THIS PROJECT.
None

To help maximize the success of your project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: ANNUAL COLLECTION & DISTRIBUTION OF CHRISTMAS GIFTS

ZONE REPORTING: SOUTHERN
UNIT: WBET2

PROJECT DESCRIPTION- MAIN FEATURES: Donate items of need to the patients at The Greater Binghamton Health Center at Christmas, when many of them are forgotten or cannot afford the items themselves. Some don’t know who they are or why they are there. A little gift is really uplifting. See item list below.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
Name: Gene & Madelyn Iannone; Phone (607) 748 2863; E-mail: WBETUPDATE@AOL.COM

TIME-FRAME for the event or project: (How long did it take from start to finish?)
The time it takes to load the donations at the collection site & deliver the same to the health center in November. (about 1-2 hours).

RESOURCES NEEDED: Please include estimate of the cost and what resources if any were donated. Not out of budget. Announce what is need and when members can contribute with what money they have. Money donations are also collected.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Collection site and date: collection is not a problem.
Delivery to the recipients: Distribution requires some time & effort.

NATURE OF PUBLICITY RECEIVED: WBET includes an article in the October Edition of our Newsletter: Update.

PLAN TO CONTINUE THE PROJECT? Yes This is our 23rd year (2011)
If continuing, please describe if there are also any plans to expand the project. None

SUITABLE GIFT SUGGESTIONS:
Gift certificates (McDonalds / Country Buffet, etc)
Prepaid phone cards
Playing Cards/Stationary
Jewelry, Watches
Dolls, Stuffed Animals
Makeup /Perfume
Suspenders / Belts
Pocket T Shirts / lg, xlg
Postage stamps
Hair Accessories
Cassette/Radio/Headphones
Wallets / Purses
Large Posters
Sweaters / Sweatshirts / lg, xlg
Cologne Spray
AA Batteries
Slippers / lg, xlg
Calendars
Alarm Clocks
Gloves/ Handkerchiefs
Hats/ Scarves /Socks
Candy, & Diabetic Candy
CD Players/ Walkmans

WAYS TO INCLUDE A MEMBERSHIP RECRUITMENT FEATURE WITH THIS EVENT/PROJECT: None

To help maximize the success of our project, please see some tips on the reverse page.
COMMUNITY SERVICE PROJECT TITLE: XMAS COLORING BOOKS/CRAYONS COLLECTION

ZONE REPORTING: SOUTHERN UNIT(s): Schuyler County SCRTA

PROJECT DESCRIPTION - MAIN FEATURES:

We ask each member and guest to bring unwrapped coloring books and/or crayons to be distributed to needy children through the Seneca Santa Program.

CONTACT PERSON: Please provide name and phone number for the person(s) who has/have the best working knowledge of this project.
Name: Linda Moore
Phone 607-535-7591 E-mail: ldowneymoo@hughes.net

TIME-FRAME for the event or project: (How long did it take from start to finish?)

Materials collected at the December RTA meeting.

RESOURCES NEEDED: Please include estimate of the cost and what was donated.
All items are donated.

CHALLENGES THAT MADE COMPLETION OF THE PROJECT DIFFICULT: (a tip to share?)
Tip: Use e-mail or some other communication to remind people to bring them to the meeting.

NATURE OF PUBLICITY RECEIVED: Please attach any news articles, releases or publicity received as a result of this event. None available at this time.

APPROXIMATE # OF YEARS the project has been sponsored by the unit/zone. Many

OTHER ORGANIZATIONS with whom you partnered on this event or project. NONE

PLAN TO CONTINUE THE PROJECT? Yes X No If continuing, please describe if there are also any plans to expand the project. A project to collect personal care items for needy teens to be distributed through Catholic Charities is expected.

To help maximize the success of your project, please see some tips on the reverse page.