



GFWC WCNT Outline – HEALTH & WELLNESS

Annual Projects & Programs:

1. **UNKNOWN:** NICU Blankets with New Tampa Juniors- Budget- \$40 - Chair _____
2. **NOVEMBER:** Boxes for Hope @Thanksgiving/Christmas– Budget \$100 -Chair _____
3. **WALKS FOR CAUSES:**
 - a. Walk to End Alzheimer’s -Budget \$50- Chair _____
 - b. Make Strides- Budget \$50- Chair _____
 - c. Miles for Moffit- Budget \$50- Chair _____
 - d. Heart Walk – Budget \$50- Chair _____
4. **WELLNESS WEDNESDAY:** Every Second Wednesday of the month - Budget \$0 Chair _____
5. **APRIL:** Meal for Hope Lodge – Budget \$270- Chair _____
6. **APRIL:** Cereal for Summer – Feeding Tampa Bay -Budget \$0 Chair _____

Awareness Month or Day & Topic:

1. September is Childhood Cancer Awareness Month
2. October Breast Cancer Awareness Month
3. October 10th World Mental Health Awareness Day
4. October 20th National Mammography Day
5. October 31st Teal Pumpkin Project Day
6. November 19th National Volunteer Day with March of Dimes
7. February Heart Health Month
8. February – Wear Red Day
9. EMT Week Around May 21st to May 27th

Speaker Month **October or February (alternating Domestic Violence Awareness/October; Jrs. -Children/February)**

Potential Speakers if you have contact information, please include it:

1. Speaker on one of the Walk for Causes Topics
2. Speaker from Hopes Lodge
3. Speaker on Hospice and End of Life Care
4. Speaker on Cystic Fibrosis
5. Nutritionist on Healthy Eating Habits
6. Essential Oils for overall health
7. Speaker from Hailey’s Voices of Hope

Event Recommendations (Previously made by members – include in new ideas if you are planning to implement in 2024/2025)

1. St Jude Research Hospital Donation _____
2. Meal at Ronald Mc Donald House _____
3. Fitness or Yoga Demonstration _____

Date Submitted _____ By _____ Program VP _____

Event Ideas:

1. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
|---|--|--|-------------------------------------|
| <input type="checkbox"/> Monetary (GFWC) | <input type="checkbox"/> Monetary (Member) | <input type="checkbox"/> Guest Speaker | <input type="checkbox"/> Collection |
| <input type="checkbox"/> Hands on Activity (HOA) | <input type="checkbox"/> In-kind Donation (GFWC) | <input type="checkbox"/> In-Kind Donation (Member) | <input type="checkbox"/> Baskets |
| <input type="checkbox"/> Walks for Causes | <input type="checkbox"/> Volunteerism | <input type="checkbox"/> Scholarship | |
| <input type="checkbox"/> Awareness Post and/or Blog | <input type="checkbox"/> Attending a conference or speaker _____ | | |
| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

2. Idea: _____ Chair(s) _____
Date (Month) _____ GFWC Budget _____ Theme/ Awareness _____

Project Type (all that apply):

- | | | | |
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| <input type="checkbox"/> Other | | | |

Additional Description:

Add to Calendar of Events: Date _____ Time _____ Location _____

Outline Sheet must be submitted no later than **June 30th** for budget purposes to WomansClubNewTampa@gmail.com. In title write: **GFWC WCNT Outline Health & Wellness.**

Submitted by: _____ Date _____

Leadership Team Review:

Budget Recorded - Treasurer _____ Date _____

Event Recorded on Calendar of Events VP - Program _____ Date _____