

**2025-2026**

**SOROPTIMIST INTERNATIONAL OF CAPE MAY COUNTY  
END OF PROJECT REPORT**

Event Name: \_\_\_\_\_

Chairperson: \_\_\_\_\_

Committee Members: \_\_\_\_\_

Event Date: \_\_\_\_\_ Event Time: \_\_\_\_\_

Goals:

Results:

Donations: \_\_\_\_\_ Income: \_\_\_\_\_

Expenses: \_\_\_\_\_ Total Profit: \_\_\_\_\_

Ways to Improve:

Please include (attach) any pertinent notes:

Please ensure a copy of this report is given to the Director of Service/Technical and Treasurer.  
As a reminder the check request and reimbursement forms are available on the SICMC website. Thank you.