

Notes:

Check off what you gave:

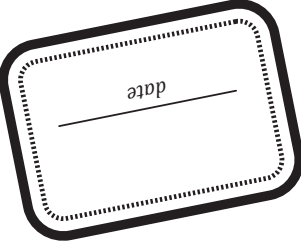
<input type="checkbox"/> other	<input type="checkbox"/> livestock
<input type="checkbox"/> education	<input type="checkbox"/> goods
<input type="checkbox"/> shelter	<input type="checkbox"/> food
<input type="checkbox"/> medicine	<input type="checkbox"/> water

Notes:

Check off what you gave:

<input type="checkbox"/> other	<input type="checkbox"/> livestock
<input type="checkbox"/> education	<input type="checkbox"/> goods
<input type="checkbox"/> shelter	<input type="checkbox"/> food
<input type="checkbox"/> medicine	<input type="checkbox"/> water

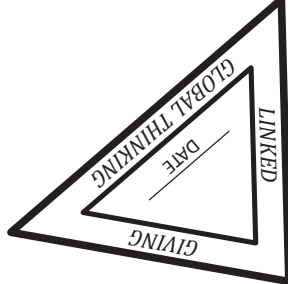
Color and date the stamp:




Where on the map did you give?  
Draw an X there.



Color and date the stamp:



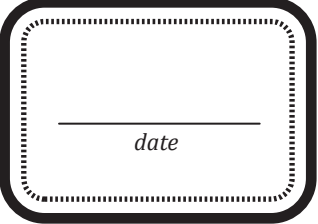
Where on the map did you give?  
Draw an X there.





Where on the map did you give?  
Draw an X there.



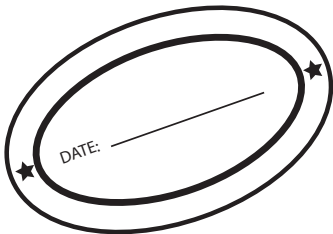
Color and date the stamp:



Where on the map did you give?  
Draw an X there.



Color and date the stamp:



Check off what you gave:

<input type="checkbox"/> water	<input type="checkbox"/> medicine
<input type="checkbox"/> food	<input type="checkbox"/> shelter
<input type="checkbox"/> goods	<input type="checkbox"/> education
<input type="checkbox"/> livestock	<input type="checkbox"/> other

Notes:

Check off what you gave:

<input type="checkbox"/> water	<input type="checkbox"/> medicine
<input type="checkbox"/> food	<input type="checkbox"/> shelter
<input type="checkbox"/> goods	<input type="checkbox"/> education
<input type="checkbox"/> livestock	<input type="checkbox"/> other

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