

**THE CATHOLIC WOMEN'S LEAGUE OF CANADA  
Ontario Provincial Council**

**INK or TONER PRINTER CARTRIDGE PROJECT CHALLENGE**

*Please complete the following information.*

<b>Report Date:</b>	
<b>Diocese:</b>	
<b>Name of Parish, Regional or Diocesan Council:</b>	
<b>Name of Council CWL President:</b>	
<b>Total Number of Cartridges Collected:</b>	
<b>Local Drop Off Location(s) used:</b>	

**Summary of Project or Event :**

In bullet format briefly explain how you carried out the challenge. Include the approx. number of participants or groups involved. Did the activity only include the CWL or was it opened to the parish community, local schools or other groups?

*Brief Description:*

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**Do you think this project was successful in raising the awareness of the importance of recycling ink and toner printer cartridges?**

\_\_\_\_\_ **YES**      \_\_\_\_\_ **SOMEWHAT**      \_\_\_\_\_ **NO**

**Please Email completed form to:** [mt.cap@sympatico.ca](mailto:mt.cap@sympatico.ca)