



VETERANS OF FOREIGN WARS OF THE UNITED STATES
DEPARTMENT OF CONNECTICUT
 HOMELESS/CLOTHING/FOOD DRIVE REPORT

REPORT FROM DATE REPORT TO DATE

POST NAME _____ POST NUMBER _____ DISTRICT _____

STREET _____ CITY _____ ZIP _____

TYPE OF PROGRAM HOMELESS FOOD PANTRY OTHER EXPLAIN: _____

BRIEFLY DESCRIBE YOUR PROJECT

INCLUDE:
 ORGANIZATION NAMES
 ITEMS DONATED
 CASH DONATED
 EXPENSES
 QUANTITY (WEIGHT, VALUE,
 OR NUMBER OF)

REPORT TOTALS

PROJECTS _____ **POST MEMBERS** _____ **LADIES AUXILIARY** _____ **MENS AUXILIARY** _____

MILES _____ **HOURS** _____

NAME AND TITLE OF PROJECT CHAIRPERSON _____

NAME AND TITLE OF PERSON SUBMITTING REPORT _____

CONTACT INFO (E-MAIL OR PHONE) _____

VFW DEPARTMENT of CONNECTICUT
 STATE ADJUTANT
 P.O. BOX 429
 ROCKY HILL, CT 06067-0429

ofct@vfw.necoxmail.com

“For proper Credit, also report this information on your DEPARTMENT PROGRAM REPORT”