

Date from _____ To _____ Post Name: _____ Post Number: _____ District: _____

Street: _____ City: _____ Zip Code: _____



P: Total number of Projects being reported.

M: Total number of Members that participated.

D: Total Distance driven (in miles) by all members for each project.

\$: Total Cost for the project (s) reported.

H: Total numbers of Man Hours worked on the project (s).

Youth Activities: _____

Teacher of the Year: _____

Citizen Education: _____

Safety: _____

Buddy Poppy: _____

Americanism: _____

Commander's Special Project: _____

Other Community Service: _____

Please put the numbers for each project in the form below

Category Totals for this Report	Voice of Democracy	Patriots Pen	Scout of the Year	Teacher of the Year	Other Youth Activities	Citizenship Education	Safety	Buddy Poppy	Hospital / Nursing Home / Assisted Living	Americanism	Commander's Special Project	Other VMS & Community Service
(P) Projects												
(M) Members												
(D) Miles												
(\$) Costs												
(H) Hours												

Report Prepared By: _____ Membership Number: _____ District: _____

Title: _____ Post Name: _____ Post Number: _____

Contact Info (Email or Phone or Both): _____

This report will not be accepted without a Membership Number. The Membership number will serve as your signature for verification purposes.

When you complete this form save and print. You can also e-mail the form to spct@vfw.necoxmail.com

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