VFW
NO ONE DOES MORE FOR VETERANS.

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 number of man-hours worked on the project (s).

Youth Activities:

Teacher of the Year:

Citizen Education:

Safety:

Buddy Poppy:

Americanism:

_____

_____

_____

_____

State Commander's Special Project:

_____

_____

_____

_____

Other Community Service:

_____

_____

_____

_____

Category Totals this Report	Voice of Democracy	Patriots Pen	Scout of the Year	Other Youth Activities	Teacher of The Year	Citizen Education	Safety	Buddy Poppy	Hospital / Nursing Home / Assisted Living	Americanism	State Commanders Special Project	VMS & Other Community Service
(P) Projects												
(M) Members												
(D) Miles												
($) Cost												
(H) Hours												

Report Prepared By: Membership Number: Title:

Contact Info: (Email or Phone)

This report will not be accepted without membership number. The membership number will serve as your signature for verification purpose.

When you complete this form save and print or email the form to adminasst@vfwct.org

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