

COMMUNITY SERVICE REPORT 2016-2017

Fill out in triplicate. Send two copies to
address listed at right:
Keep one copy for Unit files.

Must be postmarked by: _____

PLEASE PRINT

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____

How many of the total senior members are working on Community Service? _____

This report should include all activities of the Unit and its members. Please refer to the **Community Service Program** and the **Table of Values** in our Auxiliary Manual as your guideline. Monetary donation by the Unit should be listed only in the column for Unit Checks. All other cash donations from members should be listed in the next column. **Do not take credit for the National address label program or the Service/Support Program.** If the total amount exceeds **\$1,000**, use the reverse side to itemize expenditures. Feel free to add any projects important to you. Remember, these are community projects and meant to benefit those outside of our organization within the community. Do not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donation by Unit Checks</u>	<u>Value all Other Donations</u>	<u>Cash Donations from Members</u>
1. Family Services: Direct aid to families, visits, clothing, food, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
2. Professional & Trade Services: Medical, dental services or payments, plumber, electrician, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. General Services to Community: Organized activities, Meals on Wheels, senior citizens, youth groups, fund drives, blood bank, church work, neighborhood watch, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Parties, gifts, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. Special Projects and Programs: Museums, historical projects, etc., tutoring of illiterates, Local Veterans Assistance Program, Handicapped Parking Awareness, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____

Total of All Donations \$ _____

Use reverse side for explanation and detail or attach one additional sheet.

Submitted by: _____
Signature of Commander and/or Chairman