

COMMUNITY SERVICE REPORT 2023-2024

Fill out in triplicate. Send two copies to
address listed at right:

Keep one copy for Unit files.

Must be postmarked by: _____

Print Legibly

NAME OF UNIT _____ UNIT NUMBER _____

CITY _____ STATE _____

NUMBER OF SENIOR MEMBERS _____ Total senior members working on Community Service _____

Refer to the **Community Service Table of Values** as your guideline. Monetary donations by the Unit should be listed only in the column designated for Unit Checks. All other cash donations from members should be listed in the last column. If the total amount exceeds **\$1,000**, attach itemized explanation of expenditures. Additional explanation and detail of unit activities may be attached (limit to three pages). The report of services provided by the unit members within the community may not include relatives.

	<u>Miles</u>	<u>Hours</u>	<u>Donations 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, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
2. Facility Visits: Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
3. Professional & Trade Services/ Payments: Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
4. Recreation & Entertainment: Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
5. Special Projects and Programs: Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____
			Total of All Donations \$ _____		

Submitted by: _____
Signature of Commander and/or Chairman

***Any of the above services completed within the community must be provided to veterans and/or their families only. They do not have to be members of DAV or DAV Auxiliary.**