

DEPARTMENT S.C. COMMUNITY SERVICE REPORTING FORM

MAIL THIS REPORT TO:
VFW DEPARTMENT S.C.
210 GLASSMASTER ROAD
LEXINGTON, S.C. 29072



STATE COMMUNITY SERVICE CHAIRMAN
WILTON FOWLER
864.444.7538
864.299.1392

REPORT No. _____ POST/AUXILIARY No. _____ DISTRICT No. _____

REPORTING PERIOD FROM: _____ TO _____ MEMBERSHIP GROUP _____

DATE: _____ JOINT REPORT: YES _____ NO _____

THE FOLLOWING COMMUNITY SERVICE PROJECTS HAVE BEEN COMPLETED:

◆ COMMUNITY INVOLVEMENT:

____ Organized and assisted in a blood drive (describe)

____ Recycling Program (describe)

____ Neighborhood/Highway Beautification (describe)

____ Organized a CPR class (describe)

____ Other Community Involvement Projects (describe)

◆ COOPERATION WITH OTHER ORGANIZATIONS:

____ Organized and assisted in fund drives for the March of Dimes, Muscular Dystrophy, etc.

____ U.S. Savings Bond Promotion

____ Other Cooperation Projects (describe)

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THE FOLLOWING COMMUNITY SERVICE PROJECTS HAVE BEEN COMPLETED:

◆ **AID TO OTHERS:**

____ Community Hospital/Nursing Volunteers. * **Do Breakdown on Hospital Report-Not This Form.**

____ Senior Citizens (describe)

____ Special Needs Individuals (describe)

____ Personal or Family Tragedy/Illness (describe)

____ Other Aid to Others Projects (describe)

◆ **SCHOOL AND CHURCH ASSISTANCE:**

____ Volunteerism in School (describe)

____ Speaker Program in School/Church (describe)

____ Other School and Church Assistance Projects (describe)

Total Number Community Service Projects This Report: _____

Total Monies Expended: \$ _____ **Total Members Involved:** _____ **Total Member/s Hours:** _____

Total Mileage X .14 cents per/mile: \$ _____

PREPARED BY: _____ TITLE: _____ PHONE No. _____

POST/AUXILIARY No. _____ DISTRICT No. _____ MEMBERSHIP GROUP No. _____

ADDRESS: _____ CITY _____ S.C. ZIP _____