

May 1, 2011



April 30, 2012

# LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS Department of South Carolina

## THERE IS NO LONGER JOINT REPORTING



L. A. REPORT No. \_\_\_\_\_

LADIES AUXILIARY No. \_\_\_\_\_

DISTRICT No. \_\_\_\_\_

GROUP No. \_\_\_\_\_

REPORT DATES: From: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ To: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

### LADIES AUXILIARY CANCER AID & RESEARCH REPORT:

MAIL TO: DEPARTMENT CHAIRMAN: **JODY SULLIVAN** HOME AUXILIARY: **8738**  
413 FARMHOUSE ROAD, LEXINGTON, SOUTH CAROLINA 29072  
HOME PHONE: (803) 356-5912 CELL PHONE: (704) 798-5444 e-mail: jodysully@hotmail.com

• Did your Auxiliary contribute \$2.00 or more to Cancer Aid & Research? YES\_\_\_ NO\_\_\_  
Dollar amount sent in: \$ \_\_\_\_\_ Date sent in: \_\_\_\_\_

**TOTAL # PROJECTS  
ON THIS REPORT:**

• Did your Auxiliary sponsor/conduct a cancer education program? YES\_\_\_ NO\_\_\_

**TOTAL # MEMBERS  
PARTICIPATING:**

Describe: \_\_\_\_\_  
\_\_\_\_\_

**TOTAL # HOURS  
WORKED:**

# MEMBERS: \_\_\_\_\_ # HOURS \_\_\_\_\_ # MILES X .14 cents per/mile: \_\_\_\_\_ MONEY \$ \_\_\_\_\_

• Did your Auxiliary sponsor/conduct a cancer fundraiser? YES\_\_\_ NO\_\_\_

**TOTAL NUMBER OF  
MILES @.14cents/per**

Describe: \_\_\_\_\_  
\_\_\_\_\_

# MEMBERS \_\_\_\_\_ # HOURS \_\_\_\_\_ # MILES X .14 cents per/mile: \$ \_\_\_\_\_ MONEY RAISED: \$ \_\_\_\_\_

**TOTAL AMOUNT OF  
MONIES SPENT:**

\$

• Describe how your Auxiliary promoted the Cancer Grant Program: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_ # MEMBERS \_\_\_\_\_ # HOURS: \_\_\_\_\_

**A.R. MEANS  
ALREADY  
REPORTED**

• Describe how your Auxiliary promoted the Postdoctoral Cancer Research Fellowship:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## THERE IS NO LONGER JOINT REPORTING

# VFW Department of South Carolina



VFW POST REPORT SUBMITTED BY:		COMMANDER	CHAIRMAN
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ADDRESS:	HOME PHONE:
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LADIES AUX. REPORT SUBMITTED BY:		PRESIDENT	CHAIRMAN
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ADDRESS:	HOME PHONE:
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MEN'S AUX. REPORT SUBMITTED BY:		PRESIDENT	CHAIRMAN
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ADDRESS:	HOME PHONE:
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**\* REMEMBER: NO JOINT REPORTING**

 **POST COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK @ .14 cents (H) MILES = HOSPITAL/VAVS MILES @ .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL # (H) MILES X .27 cents/mile = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents /mile = \$	\$

 **LADIES AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK MILES (H) MILES = HOSPITAL/VAVS MILES x .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents/mile = \$	\$

 **MEN'S AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK @ .14 cents/mile (H) MILES = HOSPITAL/VAVS X .27 cents/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL HOSPITAL/VAVS & VOL. MILES =
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL (V) MILES X .14 cents /mile =	

DATE REPORT SUMMARY SENT IN: \_\_\_\_\_

\_\_\_\_\_  
 (signature)

Your e-mail:

**KEEP COPIES OF YOUR REPORTS**