COMMUNITY SERVICE REPORT 2024-2025

Fill	out in triplicate. Send two copies to address listed at right	t:							
Ke	ep one copy for Unit files.								
<u>Μυ</u>	ıst be postmarked by:								
Pri	int Legibly								
NAME OF UNIT					UNIT NL	INIT NUMBER			
CITY					STATE	TATE			
NU	IMBER OF <u>SENIOR</u> MEMBERS	Total senior members working on Community Service							
sho sho exp	fer to the Community Service Table o could be listed only in the column design ould be listed in the last column. If the penditures. Additional explanation and e report of services provided by the unit	ated for Uni total amoun detail of uni	t Checks. t exceeds t activities	All other \$1,000 , a may be a	cash do attach ite attached	nations from mized expla (limit to thre	n me inatio ee pa	embers on of ages).	
1.	Family Services: Direct aid to families, visits, clothing, food, errands, transportation, etc.	<u>Miles</u>	<u>Hours</u>	Dona by U <u>Che</u> \$	Jnit	Value all Other <u>Donations</u>	\$	Cash Donations from <u>Members</u>	
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:			\$	\$		\$_		
Su	Submitted by: Signature of Commander and/or Chairman Total of All Donations \$								

^{*}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.