

## COMMUNITY SERVICE REPORT 2021-2022

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>
<b>1. Family Services:</b> Direct aid to families, visits, clothing, food, errands, transportation, etc.	_____	_____	\$ _____	\$ _____	\$ _____
<b>2. Facility Visits:</b> Nursing homes, treatment centers, health care centers/hospitals, etc.	_____	_____	\$ _____	\$ _____	\$ _____
<b>3. Professional &amp; Trade Services/ Payments:</b> Medical/dental, electrician, plumber, etc.	_____	_____	\$ _____	\$ _____	\$ _____
<b>4. Recreation &amp; Entertainment:</b> Excursions, parties, reading, gifts, therapeutic sewing, baking, etc.	_____	_____	\$ _____	\$ _____	\$ _____
<b>5. Special Projects and Programs:</b> Caregiver Initiative, Efforts for the Deployed, etc.	_____	_____	\$ _____	\$ _____	\$ _____
Totals:	_____	_____	\$ _____	\$ _____	\$ _____
			<b>Total of All Donations</b> \$ _____		

Submitted by: \_\_\_\_\_  
Signature of Commander and/or Chairman