

Service to Veterans Annual Report Form

Please complete and return by May 1, 2024

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Unit name and number _____

Chairman _____

Did the Unit/Members participate in:

Stand Downs Hours _____ Where _____ Cost _____

Assist Homeless Veterans _____ Hours _____ Cost _____

Participate in Salute to Veterans _____ Hours _____ Cost _____

Adopt a Veteran/How many _____ Hours _____ Cost _____

Please account for all hours donated by the volunteers listed below:

| Volunteers | Hours | Number of Veterans Served |
|----------------------|-------|---------------------------|
| Legionnaire's _____ | _____ | _____ |
| Auxiliary _____ | _____ | _____ |
| Sons _____ | _____ | _____ |
| Juniors _____ | _____ | _____ |
| Riders _____ | _____ | _____ |
| Non Affiliated _____ | _____ | _____ |
| Totals _____ | _____ | _____ |

Total miles driven _____ Total expense _____

MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS