



**Department of Massachusetts
Veterans of Foreign Wars of the United States
and its Auxiliary**



POST _____ / DISTRICT _____

Reporting Periods: (May 1 - October 31) or (November 1 - April 30) - PLEASE circle one.

Total Members	Total Hours	Total Miles	Total Cost	Completed Date	Brief Description / Bullet Comments
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AMERICANISM						
BUDDY POPPY						
COMMUNITY SERVICE						
DRUG & SAFETY						
FIRE / POLICE / EMT						
HOSPITAL						
LEGISLATIVE						

MILITARY ACTIVITIES						
PATRIOTS PEN						
TEACHER AWARD						
VOICE OF DEMOCRACY						
YOUTH ACTIVITIES						
OTHER						
TOTALS						

* Please use additional sheets if you need to report additional events/activities.

Printed Name & Title of Post Officer/Chairperson: _____

Date: _____

Please email or mail completed forms to:

mraymond@vfwma.org

Michael Raymond
 VFW Dept. of MA
 Community Service & Activities
 State House, Room 546-1
 24 Beacon Street
 Boston, MA 02133