Service to Veterans Annual Report Form
Please complete and return by May 1, 2025

Sara C. Decker 1256 W. Ivanhoe St., Chandler, AZ 85224
480-580-3269 saradeckeraz@gmail.com

Unit name and number _____
Chairman _____

Did the Unit/Members participate in:

Hospital Service: Where _____ Hours _____Cost _____
Gift Shop: Where _____ Hours _____Cost _____
Creative Arts: Where _____ Hours _____Cost _____
State Home Service: Where _____ Hours _____Cost _____
Stand Downs: Where _____ Hours _____Cost _____
Care of a Homebound Veteran: Hours _____ Cost _____
Assist Homeless Veterans: Hours _____ Cost _____
Salute to Veterans: Hours _____ Cost _____
Adopt a Veteran: How Many _____ Hours _____ Cost _____
Anything not listed: Describe _____ Hours _____ Cost _____

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

Number of Volunteers	Hours	Number of Veterans Served
Legionnaires	_____	_____
Auxiliary	_____	_____
Sons	_____	_____
Juniors	_____	_____
Riders	_____	_____
Non Affiliated	_____	_____
TOTALS OF ABOVE	_____	_____

TOTAL MILES DRIVEN _____ TOTAL EXPENSE _____

MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS