

# Service to Veterans Annual Report Form

**Please complete and return by May 1, 2023**

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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**