

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

<u>Number of Volunteers</u>	<u>Hours</u>	<u>Number of Veterans Served</u>
Legionnaires	_____	_____
Auxiliary	_____	_____
Sons	_____	_____
Juniors	_____	_____
Riders	_____	_____
Non Affiliated	_____	_____
TOTALS OF ABOVE	_____	_____
TOTAL MILES DRIVEN _____	TOTAL EXPENSE _____	

MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS