

Hospital Report

Only those activities that involve service to, visits to, the loan of equipment to or the donation of items listed on the reverse side, to live veterans are reported on this form. That includes those veterans in VA, military and other hospitals, nursing homes, shut-ins, the impoverished and the homeless.

Report Period: Month _____ Year _____

Post/Aux # _____ District _____

Submitted By: _____

Title _____

Send Reports to:

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List Projects Below: (P=Post, A=Auxiliary, O=Other) Circle as Appropriate)

	Description	Number Persons Participated	Total Hours	Total Miles	Donations/ Services	Persons Benefited
P A O	Pints of Blood Donated @ \$69.99/Pint					
P A O	Home Visits Completed					
P A O	Veterans Transported					
P A O	Hospital Visits					
P A O	Care Center/Nursing Home Visitations					
P A O	Military Hospital Visits					
P A O	VA Hospital Visits					
P A O	Life Care/ Senior Care Visits					
P A O	TOTAL					
	MULTIPLIED X		\$12.84	\$00.14		
	Hospital Equipment Loaned (Total Value)					
	Each Column TOTALS					

List Additional Comments on the back of this page.

Total Valuation \$ _____
(Don't forget Blood)