MILITARY ORDER OF THE PURPLE HEART AUXILIARY
DEPARTMENT/UNIT ANNUAL COMMUNITY SERVICES
COMMUNITY HOSPITALS AND NURSING FACILITIES

REPORTING YEAR 20___ - 20___

Region Number: _____ Department: _____

Unit Name and Number: _____ City _____

COMMUNITY SERVICES – NON VA FACILITIES

Total Monies Donated $_____ Number of Veterans Assisted: _____

How were the Veterans (families) assisted? _____
_____

_____

Number of miles driven: _____

COMMUNITY HOSPITALS AND NURSING FACILITIES - NON VA
Should include State run Veteran's Homes. Add Additional sheets if needed.

Community Hospital or Nursing Facility Name	# of Aux. Volunteers	Total # Visits	Total # Hours*	Total Round Trip Mileage	Amount Spent**	# Functions Attended

Types of functions: _____

*DO NOT put a cash valuation on volunteer services. Count only the hours of volunteer services given.

**For items donated and entertainment at hospital or facility. Types of items purchased may include stamps, stationery, socks, candy, gum, cards, cookies, ice cream etc. (To be reported at actual costs) Cash valuation is allowed for NEW items only or the cost of sponsoring a party.

_____ _____ _____
Department/Unit President Date Department/Unit Chairperson

INSTRUCTIONS:
1. Please use black ink
2. Send to the current NATIONAL CHAIRPERSON by MAY 15th. Copy to the Department/Unit Secretary. If sending by mail, click PRINT below. If sending by email, click the SAVE button to save to your computer. Then attach to the email.

Revised 2025

SAVE PRINT