



**MILITARY ORDER OF THE PURPLE HEART AUXILIARY**  
**UNIT ANNUAL COMMUNITY SERVICES, COMMUNITY HOSPITALS, AND NURSING FACILITIES**

REPORTING YEAR 20 \_\_\_\_ - 20 \_\_\_\_

DUE BY MAY 1 See Instructions Below
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Unit Number: \_\_\_\_\_ Unit Name: \_\_\_\_\_  
 Region: \_\_\_\_\_ City & State: \_\_\_\_\_

**COMMUNITY SERVICES**

List Community Service Agencies to which your Unit has donated funds or goods.

\_\_\_\_\_

Total amount donated: \_\_\_\_\_ Type of goods donated: \_\_\_\_\_

Number of families assisted: \_\_\_\_\_ Number of Veterans assisted: \_\_\_\_\_

How were families and Veterans assisted, if applicable: \_\_\_\_\_

Comments/other activities:

**COMMUNITY HOSPITALS AND NURSING FACILITIES** (ADD ADDITIONAL SHEETS IF NEEDED)

Community Hospital or Nursing Facility	Number of Auxiliary Volunteers	Number of Other Volunteers	Total No. Visits	Total No. Hours**	Total Round Trip Mileage	Amount Spent*

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

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

How many functions were attended at hospitals and/or nursing facilities? \_\_\_\_\_

Types of functions: \_\_\_\_\_

\_\_\_\_\_  
UNIT PRESIDENT

\_\_\_\_\_  
DATE

\_\_\_\_\_  
UNIT CHAIRPERSON

**INSTRUCTIONS:**

- Please use black ink.
- Send to the current Department Chairperson and Unit Secretary, and, if requested, a copy to the Department Secretary, by May 1. If sending by mail, click the PRINT button below. If sending by email, click the SAVE button below.