



LADIES' AUXILIARY, MILITARY ORDER OF THE PURPLE HEART of the U.S.A., INC.

Annual Community Hospitals and Nursing Facilities Report

July 1, 20__ to June 30, 20__

Not to be confused with the VAVS Report

Unit Number & Name

City & State

DIRECT PERSONAL SERVICES RENDERED TO VETERANS

Name of Community Hospital Or Nursing Facilities	Number Regular Volunteers	Number Special Volunteers	Total Number Visits	Total Number Hours	Total Round Trip Mileage

How many parties, etc. given at hospitals or nursing facilities? _____

Amount spent for treats and necessities at hospital or nursing facilities \$ _____

Types of services rendered _____

Unit President

Date

Unit Hospital Chairman

INSTRUCTIONS

1. NECESSITIES include stamps, stationary, toilet articles, socks, washcloths, tissues, bed & lap covers, magazines, etc.
2. TREATS include fruit, candy, gum, games, cards, cookies, cake, ice cream, etc. (To be reported at actual cost)
3. Cash valuation is allowed for NEW items only, except that when furniture is bought for welfare purposes from a second-hand store, actual cost is allowed.
4. Do not put a cash valuation on volunteer service – count only the hours of volunteer service given and mileage traveled.

Complete and make two copies of this form. Mail the original to the National Chairman no later than June 1st (name & address can be found in the Purple Heart magazine). Keep one copy for your Unit and provide one copy to the Department Chairman. If additional space is needed to report essential information, please use the reverse of this page.