

HOSPITAL REPORTING FORM

1. Number of auxiliary members that volunteered at any VA and/non-VA medical facility: # _____
2. Number of hours that auxiliary members volunteered at any VA and/non-VA medical facility: # _____
3. Number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility: # _____
4. Did you promote, participated, hosted or co-hosted any activities with or without your Post: (yes or no) _____
5. How much money was spent on Hospital projects: \$ _____

In the box below give a brief description of a Hospital Activity or Event not covered by the questions above

AUXILIARY NO _____ DISTRICT _____ GROUP _____
HOURS _____ MILEAGE _____ MEMBERS _____

CHAIRMAN NAME, ADDRESS AND PHONE NUMBER:

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