

CATHOLIC WAR VETERANS AUXILIARY

COMPILED REPORT for ACTIVITIES and DONATIONS FORM

VA Medical Center: _____

Department of: _____ VAVS Representative: _____ Ph: _____

Address: _____

DATE	AUXILIARY OR CHAPTER	AUXILIARY TOTAL MEMBERSHIP	NUMBER OF PARTICIPANTS	NUMBER OF PATIENTS	MONETARY VALUE	CURRENT VALUE	MONEY ACTUALLY SPENT	MILEAGE	TOTAL VOLUNTEER HOURS	TYPE OF ACTIVITY
TOTALS										

PLEASE list and attach copies of ALL Unit or Chapter reports included in this compiled copy covering donations to above Medical Center or facility. EXPLANATIONS of activity to be shown on back of UNIT or CHAPTER report form only. This report is due for April/May/June on **JULY 15TH**, July/August/September on **OCTOBER 15TH**, October/November/December on **JANUARY 15TH**, and January/February/March on **APRIL 15TH**.

MAIL TO:

**Elaine A. Diaczun – National VAVS Deputy Representative
CATHOLIC WAR VETERANS AUXILIARY
182 North Beech Street, North Massapequa, NY 11758-2605**