



VFW NATIONAL PROGRAMS REPORT

Department of Montana
(Reporting Year – 1 May to 30 April)



Briefly describe where requested:

Post/Auxiliary No. _____ District No. _____ State _____
Reporting Period From _____ To _____
(Date) (Date)

Community Activities and Programs

The following Community Activity Projects and program projects have been completed:

Please add mileage in your report

No. Project	No. Member	AMERICANISM/LOYALTY: Flags, Honor Guard, Voting, Memorial/Veterans/Loyalty Day, POW/MIA, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	BUDDY POPPY: Fundraisers, Poppy Displays, Poppy Use, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	CITIZENSHIP / TEACHER: Teacher of the Year, School and Church Assistance, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	COMMUNITY INVOLVMENT: Blood drive, CPR, Recycling, or Other Community Involvement, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	AID TO OTHERS: Hospital/Nursing Volunteers, Seniors, Special Needs, Family Tragedy/Illness, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	COOPERATION WITH OTHER ORGANIZATIONS: March of Dimes, Muscular Dystrophy, Savings Bonds, Veteran organizations, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	SAFETY: Drug, Home/Fire, Highway, Pedestrian, Recreational, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	NATIONAL HOME: Donations, Memberships, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	YOUTH ACTIVITIES: VOD, Patriot's Pen, Scouting, Sports, Education, Schools, Etc.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

No. Project	No. Member	ADDITIONAL REPORTING: Please use this space for additional reporting on any of the categories above. Be sure to identify the category that applies to each project.	Miles	Hours	Cost
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

_____ Total number of completed projects on this report.
 _____ Total number of members actively involved in completing projects on this report.
 _____ Total mileage used to complete projects on this report.
 _____ Number of hours members donated to complete projects on this report.
 _____ Total amount of monies used/donated to complete projects on this report.

PREPARED BY: POST _____ AUXILIARY _____
 (Signature – Please Sign) (Signature – Please Sign)

TITLE _____ DATE _____ TITLE _____ DATE _____

JOINT REPORT YES NO (please mark appropriate box) (if joint report both signatures are required)