

Hospital Report

Only those activities that involve service to, visits to, the loan of equipment to or the donation of items listed on the reverse side, to live veterans are reported on this form. That includes those veterans in VA, military and other hospitals, nursing homes, shut-ins, the impoverished and the homeless.

Email reports to:

VFWAZHospitalChair@hotmail.com

or mail to State Hospital Chairman:

Jim Johnson
2319 N Cortez Rd
Apache Junction, AZ 85119

Report Period: Month _____

Year _____

Post/Aux # _____

District _____

Submitted By- _____

Title _____

| How Many | Description | Number of Persons Participated | Total Hours | Total Miles | Donations | Persons Benefited |
|----------|---------------------------------------|--------------------------------|-------------|-------------|-----------|-------------------|
| | Pints of Blood Donated @ \$69.99/Pint | | | | | |
| | Home Visits Completed | | | | | |
| | Veterans Transported | | | | | |
| | Hospital Visits | | | | | |
| | Care Center/Nursing Home Visitations | | | | | |
| | VA Hospital Visits | | | | | |
| | Life Care/Senior Care Visits | | | | | |
| | Other | | | | | |
| | SUB TOTAL | | | | | |
| | MULTIPLIED X | | \$22.55 | \$0.14 | | |
| | HOSPITAL EQUIPMENT LOANED | | | | | |
| | EACH COLUMN TOTAL | | | | | |

| | |
|-------------|--|
| Total \$ | |
| Total Miles | |

| | Item | value \$ |
|---|--------------------|----------|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |
| 5 | | |
| | TOTAL VALUE | |

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Reports are due on the
10th of each Month