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.

VFWAZHospitalChair@hotmail.com

Report Period: Month _____

Post/Aux #____

Email reports to:

or mail to State Hospital Chairman:

Year _____

District _____

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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					

Total \$	
Total Miles	

Hospital Equipment Loaned

EACH COLUMN TOTAL

	ltem	value \$
1		
2		
3		
4		
5		

TOTAL VALUE

Email reports to:

VFWAZHospitalChair@hotmail.com

or mail to State Hospital Chairman: Vince Smith 3381 N Navajo Drive

Prescott Valley, AZ 86314

Reports are due on the 10th of each Month