

# DEPARTMENT OF MINNESOTA, V.F.W PROGRAMS

## MONTHLY REPORT FORM

(Reporting Year: April 1 – March 31) (Use this form to report each Calendar month's activities.)

**District #**  **Post/Auxiliary #**  (One JOINT report per month)

**REPORT for the calendar month of:**  **Year:**

PREPARED  Title:   
 Phone #:  Email Address:

The following Community Activity Projects have been completed during this Calendar month:

### A. AMERICANISM AND COOPERATION WITH OTHER ORGANIZATIONS:

**1**  **Organized and Assisted in Fund Drives (March of Dimes, Muscular Dystrophy, etc)**  
 Describe   
 Hours  # Members:  \$

**2**  **Flag Presentation or Education**  
 Describe   
 Hours  # Members:  \$

**3**  **Distribution of Literature**  
 Describe   
 Hours  # Members:  \$

**4**  **P.O.W./M.I.A. Program**  
 Describe   
 Hours  # Members:  \$

**5**  **Loyalty, Memorial Day, Pearl Harbor, Veterans Day**  
 Describe   
 Hours  # Members:  \$

**6**  **Other Americanism Projects**  
 Describe   
 Hours  # Members:  \$

<b>CAT A</b>	<b>Hours</b>	<b># Members</b>	<b>Amount</b>
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### B. SAFETY:

**7**  **Pedestrian Safety**  
 Describe   
 Hours  # Members:  \$

**8**  **Drug Awareness**  
 Describe   
 Hours  # Members:  \$

**9**  **Recreational Safety**  
 Describe   
 Hours  # Members:  \$



