

COMMUNITY SERVICE REPORT
RENTON VFW POST 1263

Name: _____ (Optional)

Week Ending: _____ (Date)

Choose One: I am reporting for: Post Ladies Auxiliary Men's Auxiliary

Recycling Hours: _____ Miles: _____ Donation: \$ _____

Fly American Flag Lighted: _____ (days) Unlighted: _____ (days)

Attend Funeral Hours: _____ Miles: _____ Donation: \$ _____

Honor Guard Activities Hours: _____ Miles: _____ Donation: \$ _____
of Ceremonies: _____

Visit Sick Friend / Member Hours: _____ Miles: _____ Donation: \$ _____

Send Card to Friend / Mbr Hours: _____ Miles: _____ Donation: \$ _____

VA Hospital Activities Hours: _____ Miles: _____ Donation: \$ _____
of Patients: _____

Care Package to Soldier Hours: _____ Miles: _____ Donation: \$ _____

Orting Home Activities Hours: _____ Miles: _____ Donation: \$ _____
of Patients: _____

Donate School Supplies Hours: _____ Miles: _____ Donation: \$ _____

Food Bank Donation Hours: _____ Miles: _____ Donation: \$ _____

Thrift Store Donation Hours: _____ Miles: _____ Donation: \$ _____

Volunteer at Post: Hours: _____ Miles: _____ Donation: \$ _____

Specify: _____

Other Donations: Hours: _____ Miles: _____ Donation: \$ _____

Specify: _____

Other Volunteer Work: Hours: _____ Miles: _____ Donation: \$ _____

Specify: (i.e., hospitals, boy/girl scouts, nursing homes, senior centers, YWCA, churches, etc)
