

# Sons of The American Legion Veterans Affairs and Rehabilitation Reporting Form

Detachment of Wisconsin

This report covers activity from \_\_\_\_\_ to \_\_\_\_\_

(month/year) Today's Date

\_\_\_\_\_  
Your Name

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Your Title

Your E-Mail Address \_\_\_\_\_

Squadron # \_\_\_\_\_ Squadron

Address

This report is being filled out on behalf of your (*circle*) Detachment - District - County -

Squadron Current Membership \_\_\_\_\_ Previous Year's Membership \_\_\_\_\_

Is there a VAVS representative for your local VA hospital? YES NO  
If YES, how many? \_\_\_\_\_

## SECTION 1 - HOURS

- A) State VA Veterans Home: # of Hours
- B) VA Medical Centers: # of Hours
- Hours Total Hours (Add A + B)

## SECTION 2 - FIELD SERVICE AND HOME SERVICE

- A) Field Service: # of Hours \_\_\_\_\_
- B) Home Service: # of Hours
- Total Hours (Add A + B)

## SECTION 3 - VISITS (STATE VA VETERAN HOMES, VA MEDICAL CENTERS)

- A) VA Vets Homes: # of Hours
- B) VA Medical Centers: # of Hours
- Total Hours (Add A + B)

**SECTION 4 -TYPE OF DONATIONS**

- A) Cash: Dollar Amount
- B) Items: Estimated Dollar Value
- Total Dollar Amount (Add A + B)

**SECTION 5**

Give a brief description of activities and locations (i.e. VA Hospitals, VA Homes)

**SECTION 6**

Add additional money donations if this is a District or County Report

Certified by:

Title:

Date:

**MAIL TO DETACHMENT HEADQUARTERS  
NOLATER THAN June 1<sup>st</sup>.**

Mail completed form to:  
Sons of The American Legion  
Detachment of Wisconsin  
Annual Reports  
P.O. Box 388  
Portage, WI 53901-0388

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