



Veterans of Foreign Wars 2022-2023 Quarterly Programs Report

Post # _____ City: _____
or Report for the District # _____

Attn: Anna Arnold
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Sioux Falls, SD 57104
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Check Quarter that applies (only 1 quarter per report)

May 1 – Jul 31 Aug 1 – Oct 31 Nov 1 – Jan 31 Feb 1 – Apr 30

Community Activities and Programs

The following Community Activity Projects and Program Projects have been completed:

AMERICANISM:	Miles	Hours	Cost
Flags, Honor Guard, Voting, Memorial/Veterans/Loyalty Day, POW/MIA, Etc.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

BUDDY POPPY:	Miles	Hours	Cost
Fundraisers, Poppy Displays, Poppy Use, Etc.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CITIZENSHIP:	Miles	Hours	Cost
LE, EMT, Firefighter & Teacher of the Year, School, Church events, Etc.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

COMMUNITY INVOLVEMENT:	Miles	Hours	Cost
Blood Drive, CPR, Recycling, or Other Community Involvement, Etc.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

AID TO OTHERS AND RELIEF:	Miles	Hours	Cost	Blood
Hospital/Nursing Volunteers, Seniors, Special Needs, Blood Donated, Etc.	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

COOPERATION WITH OTHER ORGANIZATIONS:	Miles	Hours	Cost
March of Dimes, Muscular Dystrophy, Veteran Organizations, Etc.	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SAFETY:

Hunter, Gun, Drug, Home/Fire, Highway, Pedestrian, Recreational, Etc.

Miles Hours Cost

NATIONAL HOME:

Donations, Memberships, Etc.

Miles Hours Cost

YOUTH ACTIVITIES:

Scouting, Baseball, Sports, Education, Schools, Etc.

Miles Hours Cost

VOICE OF DEMOCRACY / PATRIOT'S PEN:

Voice of Democracy / Patriot's Pen

Miles Hours Cost

ADDITIONAL REPORTING:

Please use this space for additional reporting on any of the above categories.
Be sure to identify the category that applies to each project.

Miles Hours Cost

_____ Total number of members actively involved in the completed projects

_____ Total number of pints of blood donated (compute at \$130 per pint)

_____ Total mileage used to complete projects (compute at \$.14 per mile)

_____ Total number of hours members donated (compute at \$29.95 per hour)

_____ Total amount of monies used to donate/complete projects

PREPARED BY: _____ TITLE: _____ DATE: _____
(Print Name)

(Signature)

Please return to Department Office **via email or USPS**
no later than 15th of month after quarter ends.