

# GOLD STAR WIVES OF AMERICA, INC

## COMMUNITY SERVICE REPORT

Period Covered: January 1, 2023 to December 31, 2023

Name \_\_\_\_\_ Your Region/Chapter \_\_\_\_\_

Address \_\_\_\_\_ Blood: # of Units Donated \_\_\_\_\_

City/St/Zip \_\_\_\_\_

COMMUNITY SERVICE DONATIONS: Community Service is any charitable contribution made to a nonprofit organization (**including churches and hospitals**), money, goods, hours donated in service and miles traveled (as driver or passenger, or by bus, taxi, etc.) Do not include donations or volunteer hours benefitting GSW or a military or veteran's hospital, clinic, or home. SEE BACK FOR MORE INSTRUCTIONS & SPACE

Identify by name and city/state where volunteer work/donations were given. No need to send receipts. Estimate value of donated goods as if you had sold them. For homemade goods, estimate time spent & material costs. Keep a record of contributions so you and GSW can have proper records.

**NOTE: Director will calculate volunteer hour & mileage values which may change yearly.**

<b>SERVICE ORGANIZATION NAME/CITY/STATE</b>	<b>MONEY</b>	<b>HOURS</b>	<b>MILES</b>
Place of Worship _____	_____	_____	_____
Hospital (Civilian) _____	_____	_____	_____
Nursing/Care Center _____	_____	_____	_____
School/College _____	_____	_____	_____
Food Shelf _____	_____	_____	_____
Civic org/activity _____	_____	_____	_____
Other _____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS FROM REVERSE SIDE	_____	_____	_____
GRAND TOTAL MONEY/HOURS/MILES	_____	_____	_____

For Director Use only

Some non-profit examples: Humanitarian groups such as Red Cross, United Way, Salvation Army, CARE, USO, veterans' organizations, Scouting, health/disease, environment, animals, etc.

Please send by **April 15, 2024** to Harriet Boyden, 6046 Crane Drive, Lakeland, FL 33809  
Email: [hboyden@aol.com](mailto:hboyden@aol.com) Phone: (863) 816-4124

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## Community Service Report ADDITIONAL INFORMATION AND INSTRUCTIONS

**Community Service does not include any work for a relative such as babysitting, caring for an elderly relative, or any family-related assistance.**

**Do Not Include** on this report: Donations or volunteerism benefiting Gold Star Wives or a military or veteran's medical facility. A separate form is provided for reporting money, goods, hours, and mileage for military and veteran's hospitals/clinics/homes.

To determine if you are a Chapter member or a Member-at-Large (MAL), examine the Newsletter address printing for your name. **EXAMPLE:**

**MAL (Member at Large):**

Member Number – Region

Member Name

Address

City, State, Zip

**Chapter Member:**

Member Number - Chapter Name - Region

Member Name

Address

City, State, Zip

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT:

Harriet Boyden, Membership Director

6046 Crane Drive, Lakeland, FL 33809 Email: hboyden@aol.com Phone: (863) 816-4124

<b><u>SERVICE ORGANIZATION NAME/CITY/STATE</u></b>	<b><u>MONEY</u></b>	<b><u>HOURS</u></b>	<b><u>MILES</u></b>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
TOTALS FROM THIS PAGE:	_____	_____	_____