

GOLD STAR WIVES OF AMERICA, INC.

VETERANS - MILITARY HOSPITALS, CENTERS & CLINICS
SERVICE REPORT

Period Covered: January 1, 2020- December 31, 2020

Volunteer work in community hospitals must be included in your Community Service Report. Please remember the VAMC year is October to October, VAVS is January through December.

_____	_____
Name of Volunteer	Chapter or Region (Member-at-Large)
_____	_____
Address of Volunteer	Name of VA or Military Hospital
_____	_____
City, State and Zip Code	Location of Hospital or Clinic
List of Cash Donations for:	
General Hospital Funds	\$ _____
Occupational Therapy Supplies	\$ _____
Special Events (National wheelchair games, Stand-downs, etc.)	\$ _____
Gifts _____	Food Items _____
Clothing _____	Tableware _____
_____	Books _____
Other Items _____	Puzzles _____
Miscellaneous _____	
	Total value of Donated Non-cash Items: \$ _____
Total Volunteer HOURS _____	@ \$ _____
Total MILES _____	@ \$ _____

Please list activities and services on the back of form.

VAVS Certified YES _____ NO _____

Please complete and return Report by March 15, 2021 Please contact me if you need help in completing your form.

Chapter members and Members-At-Large return this form to:

Emilv G. Toliver
National VAVS Representative
813 Bitternut Road
Columbia, South Carolina 29209
Phone # 803-695-5345

Chapter and Region Presidents: If the **chapter or region** give monetary and/or other donations to a VAMC, please prepare a report for your **chapter/region** and include the amount in the final report. I will send you the totals for your chapter or region upon request.