COMMUNITY SERVICE REPORT

Post No.: ___________  Post Name:________________________________________

Post Location:________________________________________________________

Date of Report: ___________  Total Post Membership at Present: ___________

List all Programs below, elaborate as much as necessary – include pictures and news articles. Use as many additional sheets as needed. Every Post is urged to participate and send in a report not later than May 30th. Reports should be mailed to: Department Headquarters, PO Box 26657, Raleigh, NC  27611.

____________________________________
Post Adjutant
Certification of Report

DETAILS OF ACTIVITIES:
ATTACH ADDITIONAL INFORMATION AS NEEDED