

GOLD STAR WIVES OF AMERICA, INC

COMMUNITY SERVICE REPORT

Period Covered: January 1, 2022 to December 31, 2022

Name _____ Your Region/Chapter _____

Address _____ Blood: # of Units Donated _____

City/St/Zip _____

COMMUNITY SERVICE DONATIONS: Community Service is any charitable contribution made to a non-profit organization (**including churches and hospitals**), money, goods, hours donated in service and miles traveled (as driver or passenger, or by bus, taxi, etc.) 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.

| <u>SERVICE ORGANIZATION NAME/CITY/STATE</u> | <u>MONEY</u> | <u>HOURS</u> | <u>MILES</u> |
|---|--------------|--------------|--------------|
| 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' orgs, Scouting, health/disease, environment, animals, etc.

Please send by **April 1, 2023** to Kathleen Hern 408 Anderson Road Duluth MN 55811 E-Mail : kathyhern1@aol.com Cell No: (218)576-6788

GOLD STAR WIVES OF AMERICA, INC

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 Mbr:
 Member Number - Chapter Name - Region
 Member Name
 Address
 City, State, Zip

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE CONTACT:

Kathleen Hern, Community Service Director
 408 Anderson Road Duluth MN 55811 kathyhern1@aol.com (218)576-6788

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