2024 - 2025 AMERICANISM MONTHLY PROGRAM REPORTING FORM

UNIT # _____ **UNIT NAME** _____ **DISTRICT** _____

MONTH:_____

Describe **Activity(ies)** - include **Dates** and **Names** of participants: _____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

Total number of **Volunteers**:_____

Total number of **Hours** volunteered:_____

Total number served - **Veterans**: _____

Children:_____

Community members:_____

Monetary value of projects supported: $_____

In Kind value of donations:_____

_____

Pictures of Event (will need to be in a jpg file)