

**Service to Veterans Annual Report Form**  
**Please complete and return by May 1, 2026**  
**Sara C. Decker 1256 W. Ivanhoe St., Chandler, AZ 85224**  
**480-580-3269 saradeckeraz@gmail.com**

Unit name and number \_\_\_\_\_  
Chairman \_\_\_\_\_

Did the Unit/Members participate in:

Hospital Service:	Where _____	Hours _____	Cost _____
Gift Shop:	Where _____	Hours _____	Cost _____
Creative Arts:	Where _____	Hours _____	Cost _____
State Home Service:	Where _____	Hours _____	Cost _____
Stand Downs:	Where _____	Hours _____	Cost _____
Care of a Homebound Veteran:		Hours _____	Cost _____
Assist Homeless Veterans:		Hours _____	Cost _____
Salute to Veterans:		Hours _____	Cost _____
Adopt a Veteran:	How Many _____	Hours _____	Cost _____
Anything not listed:	Describe _____	Hours _____	Cost _____

Please account for all hours donated by the volunteers listed below:

<u>Number of Volunteers</u>	<u>Hours</u>	<u>Number of Veterans Served</u>
Legionnaires	_____	_____
Auxiliary	_____	_____
Sons	_____	_____
Juniors	_____	_____
Riders	_____	_____
Non Affiliated	_____	_____
<b>TOTALS OF ABOVE</b>	_____	_____
<b>TOTAL MILES DRIVEN</b>	_____	<b>TOTAL EXPENSE</b> _____

**MAKE SURE TO ATTACH YOUR NARRATIVE FOR DEPARTMENT AWARDS**