



MILITARY ORDER OF THE PURPLE HEART AUXILIARY

Annual Community Activities Report

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Unit Number & Name	City & State
1. List Community Services Agencies that your Unit has donated funds or goods.	
_____	_____
_____	_____
2. Total amount donated \$_____ Type of goods donated _____	
3. Number of families assisted _____ How assisted _____	
_____	_____
4. Does the Unit sponsor a community group? Yes <input type="checkbox"/> No <input type="checkbox"/> If yes, please explain	
_____	_____
5. With regard to the above information TOTAL MILEAGE DRIVEN _____	
TOTAL FUNDS DONATED \$_____ NUMBER OF MEMBERS PARTICIPATING _____	
6. Additional remarks _____	
_____	_____
_____	_____

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Unit President	Date	Unit Community Activities Chairman
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Complete and make two copies of this form. Mail the original to the National Chair no later than **May 15th** (name & address is in the Purple Heart magazine). Keep one copy for your Unit and provide one for your Department. **Report may be emailed.**