

American Legion Auxiliary Department of Oklahoma Hospital and/or VA Center Report Form

Facility Name: Oklahoma City VA Hospital Month/Year: _____

Individual, Unit or Post Contributions:

Monetary and/or donations given to:

Bingo:	\$		
Ward Services:	\$		
Birthdays:	\$		
Treats and Refreshments:	\$		
Other:	\$		
Total Spent:		\$	
Ending Balance:		\$	

ATTACH ADDITIONAL PAGES AS NEEDED TO PROVIDE COMPLETE DETAILS OF THE ITEMS BELOW:

VOLUNTEER WORKERS:

<u>Unit</u>	<u># of Volunteers</u>	<u># Hours</u>

MISCELLANEOUS SERVICES: Itemize the names of Units, Posts, Districts, or individuals who made donations of money, goods, helped give parties, provided treats and programs during the month.

<u>Donation From:</u>	<u>Value of Donation</u>
Total Donations:	
\$	

Date Signed by: Individual, ALA Representative or AL Representative

Complete and submit to ALA Department or VA Representative as soon as possible.
Debbie Bertolasio, 9906 Hefner Village Blvd., Oklahoma City, OK 73162
or
American Legion Auxiliary, Dept. of Oklahoma, 917 NW 92nd Street, Oklahoma City, OK 73114