

May 1, 2011



April 30, 2012

# LADIES AUXILIARY TO THE VETERANS OF FOREIGN WARS Department of South Carolina

## THERE IS NO LONGER JOINT REPORTING



L. A. REPORT No. _____	LADIES AUXILIARY No. _____	DISTRICT No. _____	GROUP No. _____
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REPORT DATES: From: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_ To: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

### LADIES AUXILIARY LEGISLATIVE REPORT:

MAIL TO: DEPARTMENT CHAIRMAN: **PRISCILLA BLASSINGAME** HOME AUXILIARY: **6734**  
 207 CANTEBURY STREET, SIMPSONVILLE, SOUTH CAROLINA 29204  
 HOME PHONE: (864) 289-1587 e-mail: pablassingame@aol.com

- How did your Auxiliary support our Legislative Program? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe your promotion encouraging members to communicate with Legislators on Veterans issues: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Describe how you educate your members on the Legislative process: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- If a fundraiser was held to raise funds for mailings, faxes etc., describe the event: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- Did any member of your Auxiliary attend any meeting with Legislators; if so, how many members attended? \_\_\_\_\_ Which Legislators did they meet with? \_\_\_\_\_  
 \_\_\_\_\_
- Indicate how you contacted Legislators other than attending meetings: e-mail \_\_\_\_\_  
 Faxes \_\_\_\_\_ Letters \_\_\_\_\_ Phone Calls \_\_\_\_\_ (attach copies if available).

**TOTAL # PROJECTS ON THIS REPORT:**

**TOTAL # MEMBERS PARTICIPATING:**

**TOTAL # HOURS WORKED:**

**TOTAL NUMBER OF MILES @.14cents/per**

**TOTAL AMOUNT OF MONIES SPENT:**

## THERE IS NO LONGER JOINT REPORTING

# VFW Department of South Carolina



VFW POST REPORT SUBMITTED BY: \_\_\_\_\_ COMMANDER \_\_\_\_\_ CHAIRMAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_



LADIES AUX. REPORT SUBMITTED BY: \_\_\_\_\_ PRESIDENT \_\_\_\_\_ CHAIRMAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_



MEN'S AUX. REPORT SUBMITTED BY: \_\_\_\_\_ PRESIDENT \_\_\_\_\_ CHAIRMAN \_\_\_\_\_

ADDRESS: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_

## \* REMEMBER: NO JOINT REPORTING



**POST COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK @ .14 cents (H) MILES = HOSPITAL/VAVS MILES @ .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL # (H) MILES X .27 cents/mile = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents /mile = \$	\$



**LADIES AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK MILES (H) MILES = HOSPITAL/VAVS MILES x .27 cents per/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL # (V) & (H) MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL # (V) MILES X .14 cents/mile = \$	\$



**MEN'S AUX. COMMUNITY SERVICE TOTAL SUMMARY REPORT:**  
 (V) MILES = VOLUNTEER WORK @ .14 cents/mile (H) MILES = HOSPITAL/VAVS X .27 cents/mile

GRAND TOTAL # REPORTS:	TOTAL (H) MILES X .27 cents PER/MILE = \$
GRAND TOTAL # MEMBERS:	TOTAL HOSPITAL/VAVS & VOL. MILES = \$
GRAND TOTAL # HOURS:	TOTAL MONIES SPENT ON MILES & PROGRAMS:
TOTAL (V) MILES X .14 cents /mile = \$	\$

DATE REPORT SUMMARY SENT IN: (month) \_\_\_\_\_ (day) \_\_\_\_\_ (year) \_\_\_\_\_

\_\_\_\_\_  
 (signature) Your e-mail: \_\_\_\_\_

KEEP COPIES OF YOUR REPORTS