VFW DISTRICT CHAPLAIN'S REPORT

DISTRICT REPORT TO STATE CHAPLAIN

POST:_____

MONTHLY REPORT FOR:_____ **DISTRICT:**_____

SUBMITTED BY:_____

NUMBER OF HOSPITAL, NURSING HOME VISITS:_____

(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**
(name)	**(location)**	**(date)**

NUMBER OF CARDS SENT:_____

CARDS SENT TO:

(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**
(name)	**POST #:**	**(name)**	**POST #:**