

VFW DEPARTMENT OF FLORIDA
POST/DISTRICT CHAPLAIN'S REPORT

POST AND DISTRICT CHAPLAIN'S SEND REPORTS TO DEPARTMENT CHAPLAIN:

CHAPLAIN@VFWFL.ORG

POST: _____ **DISTRICT:** _____

REPORT PERIOD/DATE: _____

SUBMITTED BY: _____

NUMBER OF HOSPITAL/NURSING HOME VISITS: _____

NUMBER OF GREETING CARDS SENT: _____

NUMBER OF MEMORIAL FLAG PRESENTATIONS: _____

NUMBER OF VFW FUNERAL SERVICES PERFORMED: _____

OTHER SERVICES PERFORMED OR ATTENDED: _____

COMMENTS: _____
