

American Gold Star Mothers, Inc.

DEPARTMENT _____

DEPARTMENT HOSPITAL CHAIRPERSON _____

DEPARTMENT PRESIDENT _____

ANNUAL DEPARTMENT HOSPITAL REPORT

1. Total number of Chapters in Department _____

2. Total number of VA Medical Centers in the Department _____

3. Total number of AGSM Representatives to VA Medical Centers _____

5. Total number of VA Medical Centers not being represented by AGSM _____

4. Total number of AGSM Deputies to VA Medical Centers _____

Total number of Chapters in Department awarded Certificates _____

Mail to the VAVS REPRESENTATIVE

Return NO LATER than FEBRUARY 15th

Revised form September 2005

DATE _____

VA volunteer hours _____

Non-VA volunteer hours _____

Number of VA volunteers _____

NON-VA donations _____

Special Parties _____

Total miles traveled _____

VA donations _____

Number of NON-VA volunteers _____

Special Gifts _____
