



American Gold Star Mothers, Inc.

Community Service Report - DEPARTMENT YEAR-END SUMMARY

For use by Department Community Service Rep or Department President to report Department Totals annually. Additional pages may be added, if needed. When finished recording all Chapter numbers, please total the columns and send this form to the National CSR Chair, Patti Elliott at secretary@americangoldstarmothers.org, or by mail to PO Box 162, Youngsville, NC 27596 by April 1. (If sent via mail, please retain a copy for your records.)

Department Name: _____ Date: _____

Submitted by: _____ Title: _____ Phone: _____

Service to the Military and Veteran Community:

Table with 4 columns: Chapter Name, Total Chapter HOURS, Total Chapter MILES TRAVELED, Total Chapter MONEY/IN-KIND DONATION VALUE. Includes a Department Totals row.

Service to the Gold Star Community:

Table with 4 columns: Chapter Name, Total Chapter HOURS, Total Chapter MILES TRAVELED, Total Chapter MONEY/IN-KIND DONATION VALUE. Includes a Department Totals row.

Service to the Community:

Table with 5 columns: Chapter Name, Total Chapter HOURS, Total Chapter MILES TRAVELED, Total Chapter MONEY/IN-KIND DONATION VALUE, Total Chapter PINTS OF BLOOD DONATED. Includes a Department Totals row.