American Gold Star Mothers, Inc.

Community Service Report

DEPARTMENT Year-end Summary

Report for Period January 1 – December 31, _____
Year

For use by Department CSR Rep or Department President
In Reporting to National Community Service Chairman by **April 1st** annually.

Department: _____ Date:_____ Phone:_____

Submitted by: _____ Title:_____ Email:_____
(Please Print)

Chapter Name	Chapter's Total Hours	Total Chapter Miles Travelled	Total Chapter Money and In-kind Donations	Total Pints of Blood Donated by Chapter
Department TOTALS:				
	HOURS	MILES	MONEY & In-kind	PINTS

TO DEPARTMENT PRESIDENT OR CSR REP: WHEN FINISHED RECORDING ALL CHAPTER NUMBERS, PLEASE TOTAL THE COLUMNS AND SEND THIS FORM TO THE NATIONAL CSR CHAIRMAN. RETAIN A COPY FOR YOUR RECORDS.

BEFORE APRIL 1, MAIL TO:
Ginger Emerson
Community Service Chairman
10139 West Forrester Drive
Sun City, AZ 85351
(509)830-1217
OR EMAIL TO: *secretary@goldstarmoms.com*