



**AMVETS DEPARTMENT OF IOWA
PROGRAM REPORTING FORM**

POST _____

DATE OF EVENT _____

EVENT

DESCRIPTION _____

NUMBER OF AMVETS VOLUNTEERING _____

NUMBER OF TOTAL VOLUNTEER HOURS FOR THE EVENT _____

TOTAL MILES OF ALL VOLUNTEERS _____

DONATIONS RECEIVED RELATED TO EVENT _____

IF FUNDRAISING ACTIVITY - AMOUNT RAISED AFTER EXPENSES _____

CASH DONATIONS MADE TO ANOTHER ORGANIZATION BY POST _____

(Donations your Post makes to other charitable organizations including VA Hospital should be reported individually on this form rather than as part of a fundraising activity, as these assist you in maintaining your non-profit status under IRS guidelines)

Submitted By:

Title _____

Reports should be sent to Department of Iowa 2nd Vice Commander Terry Scheffert C/O of Cedar Falls Post 49 1934 Irving Cedar Falls Iowa 50613. Reporting period is July 1, 2014 through December 31st 2014 and January 1, 2014 through June 30, 2015. The information may also be entered online at www.amvets.org under Programs then Program Reporting.