



**“A DAY TO CHANGE DIRECTION” REPORTING FORM**

**Department:**

**Post Number:**

**VFW/Auxiliary Point of Contact:**

**Member Number:**

**Event Location:**

**City:**

**Date of Event:**

**State:**

**Time of Event:**

**Zip:**

**Attendees (#):**

**Please list details to include event type, the specific community service project completed, Post/Auxiliary/Department leadership present, Give an Hour or community partners present, and any additional noteworthy outcomes:**

Please complete this form and email or fax it to the **VFW Programs Department**

Attn: Lynn Rolf, VFW National Programs Director and your Department Headquarters.

**Email:** [LRolf@vfw.org](mailto:LRolf@vfw.org)

**Fax:** 816-968-1149

**Tel:** 816-756-3390 Ext. 6116