

VFW DEPARTMENT OF GEORGIA

HOSPITAL REPORT

MAIL FORM TO DEPARTMENT OF GEORGIA VFW HEADQUARTERS

Post/Auxiliary No. _____ District No. _____

Reporting Period: . . . From _____ To _____
 (Date) (Date)

Hospital Chairman
 Ed Irby
 174 Tallspring Dr.
 Moultrie, Ga. 31788
 (H) 229-890-5591
 E-Mail: eirbyvfw@alltel.net

DATE	DESCRIPTION	TOTAL MEMBERS	TOTAL HOURS	TOTAL MILES	PATIENTS BENEFITED	VALUE of SERVICES
TOTAL						\$

Type of Facility	Name of Facility	Number of Visits
VA Medical Center		
VA Nursing Home		
VA Domiciliary		
State Hospital		
State Nursing Home		
State Domiciliary		
Community Hospital		
Community Nursing Home		
Other		

Prepared By: _____
 (Signature)

Title: _____ Date _____

**MAIL FORM TO DEPARTMENT OF GEORGIA VFW HEADQUARTERS:
 P. O. BOX 24269, MACON, GA. 31212-4269**

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