

United Daughters of the Confederacy®

PATRIOTIC ACTIVITIES COMMITTEE ANNUAL REPORT

September 1, 20 ____ – August 31, 20 ____

Chapter name and number _____

Division or Chapter Where No Division (CWND) name _____

If more space is needed, use reverse of this sheet.

Overall patriotic service

1. Number of patriotic programs presented to non-UDC groups, or on radio/TV _____
2. Amount of money contributed to General Patriotic Activities Fund \$ _____
3. Number of service hours to citizenship activities _____
4. Number of service hours to naturalized citizens _____
5. Number of members flying U.S. flag outside home _____
6. Number of days U.S. flag flown outside of member homes _____
7. Number of events in which members carried U.S. flag _____
8. Describe any other patriotic activities _____

Active-duty military personnel service

1. Number of service hours to active-duty military personnel _____
2. Number of cards/letters mailed to active-duty military personnel _____
3. Value of items donated for active-duty military personnel \$ _____
List types of items, where/when donated _____

Veteran service

1. Number of service hours to VA hospitals _____
2. Number of certified representatives/deputies to VA Hospital Volunteer Boards _____
3. Number of cards/letters mailed to hospitalized veterans _____
4. Amount of money contributed to VA hospitals \$ _____
5. Value of items donated to VA hospitals \$ _____
List types of items, where/when donated. _____
6. Number of veterans interviewed for Veterans History Project _____
7. Describe any other service to veterans _____

For Chapter use. Enter Chairman's name, address, telephone, and e-mail in space below. Complete this form; send to the appropriate Division-level person by the Division deadline of _____

For Division/CWND use. Enter Chairman's name, address, telephone, and e-mail in space below. Compile Chapter reports; complete this form; send to General Committee Chairman by September 15.

Number of Chapters in Division _____ Number of Chapters reporting _____

Chairman contact information. _____