

POST SPECIAL PROJECT ENTRY FORM

All entries must be in the form of a record book (binder) and this form must be the first page of your book.
Information should be neatly presented and in chronological order.
All entries must be post-marked by midnight April 1.

VFW Post/Auxiliary (if applicable), County Council, District and Department:

Address: _____ City/State/Zip Code: _____

Telephone Number: (____) _____ Email Address: _____

Date of project from inception to conclusion: ____/____/____ to ____/____/____

List of other organizations that assisted (if none leave blank):

Number of people who benefitted from this effort: _____ Approximate Local Population: _____

List of local media and addresses (we will send them news releases):

Submitted By:

Name: _____ VFW Position/Title: _____

Address: _____ City/State/Zip Code: _____

Telephone Number: (____) _____ Email Address: _____

Department Signatures:

Community Service Chairman:

Sign: _____ Print: _____ Date: ____/____/____

(This signature confirms that you have reviewed this entry and are verifying the form is complete and there is evidence to support the nomination.)

Department Adjutant:

Sign: _____ Print: _____ Date: ____/____/____

If you have any questions, please contact the director at cs@vfwmi.org