



# Holiday Service

## REPORT

**Due 30 days after Christmas or by date specified in delivery packet**

Today's Date: \_\_\_\_\_

|                            |  |   |  |
|----------------------------|--|---|--|
| Partner Organization Name: |  | Office Phone #:   |  |
| Address:                   |  | Office Fax #:   |  |
| City, State, Zip:          |  | Email address:  |  |
| Primary Contact:           |  | Alternate Phone #:<br><i>(other than office number)</i> |  |
| Secondary Contact:         |  | Secondary Contact Phone #                               |  |

Please Check the Project you are Reporting on and Indicate:

- Children's Stocking     
  Santa Stops     
  Elder Bags     
  Community Meal

Number of Participants: \_\_\_\_\_ Number of Volunteers: \_\_\_\_\_

Event Date: \_\_\_\_\_ Location: \_\_\_\_\_

Describe how the event went (were there any difficulties? Did you collaborate with other organizations? Etc...) \_\_\_\_\_

Did you have enough products for your event? \_\_\_\_\_

What would you have done differently? \_\_\_\_\_

Did the Holiday Service help your organization meet or make progress towards your goal(s) listed on the request?

(Circle One)    Yes                  No

Please let us know how this service helped your organization reach the goal(s). Select your top 2 answers:

- Increased Resources   
  Increased Community Engagement   
  Improved Outreach                 
  Improved Education  
 Improved Health       
  Improved Public Safety                 
  Improved Programing                 
  Improved Results

Please provide an example of how this service helped you to make progress to your goals: \_\_\_\_\_

Do you have any questions or comments about the Holiday (Christmas) Service or any other PWNA Services? \_\_\_\_\_

\_\_\_\_\_  
Program Partner Primary Contact Signature

\_\_\_\_\_  
Date

**Don't forget to attach your Participation Logs, Stories and/or Photos. Thank you!**