

Thankşgiving Community Dinner



REPORT

Due 30 days after Thanksgiving or by date specified in delivery packet

			Touay	S Daic	
Partner Organization Name:			Office Phone #:		
Address:			Office Fax #:		
City, State, Zip:			Email address:		
City, State, Zip.			Alternate Phone #:		
Primary Contact:		(other	than office number)		
Secondary Contact:		Secondary Contact Phone #			
Title of EVI	ENT Reporting on:	Thanksgiv	ing Community Dinner		
Date of Dinner:	Number of Volunteers/ Staff:				
What food items DID NOT	`work for your program	or particip	ants and why?		
Describe how the meal went				and after the meat):	
Did the Thanksgiving Servi	ce help your organization	meet/make	e progress towards your	program goals listed o	n
(Click One) Yes	\square No \square				
Please let us know how this answers:	service helped your orgar	nization rea	ch your program goal(s)	. Select your top 2	
☐ Increased Resources ☐	Increased Community I	Engagemen	t Improved Outreach	h 🗆 Improved Educa	atior
\square Improved Health \square In	nproved Public Safety	\square In	nproved Programing	☐ Improved Resu	ılts
Please provide an example o	of how this service helped	you to mal	te progress to your progr	ram goals:	
Do you have any questions o	or comments about the Th	nanksgiving	Service or any other PV	VNA Services?	
Program Partner Primary	•	. Y	Date		_
•	Contact Signature o attach your Participa	tion Logs,		. Thank you!	

