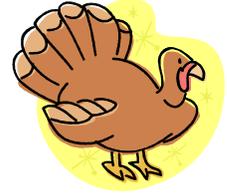




Thanksgiving Community Dinner



REPORT

Due 30 days after Thanksgiving 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 #: <i>(other than office number)</i>	
Secondary Contact:		Secondary Contact Phone #	

Title of EVENT Reporting on: _____ **Thanksgiving Community Dinner** _____

Date of Dinner: _____ Number of Participants: _____ Number of Volunteers: _____

Describe how the event went (were there any difficulties or concerns?):

Did you have enough food for the meal?

What would you have done differently?

Did the Thanksgiving 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: _____

Program Partner Primary Contact Signature

Date

Don't forget to attach your Participation Logs. Thank you!