



# Thanksgiving Individual Elder Dinners



## 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 Individual Elder Dinner

Number of Households: \_\_\_\_\_

Number of Volunteers/ Staff: \_\_\_\_\_

What food items DID NOT work for your program or participants and why?

Describe how the distribution went (please include comments on what happened before, during, and after):

Please share comments your participants had regarding the food items/distribution:

Did the Thanksgiving Service help your organization meet/make progress towards your program goals listed on the request?

(Click One) Yes  No

Please let us know how this service helped your organization reach your program 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 program goals:

Do you have any questions or comments about the Thanksgiving 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!**