

**VETERANS OF FOREIGN WARS STATE OF KANSAS
NATIONAL MILITARY SERVICES (NMS)
REPORT FORM**

POST # _____ DISTRICT # _____ DATE OF REPORT _____

EVENTS OR NEEDS

CIRCLE ONE

_____ _____ _____ _____ _____ _____	ARMY MARINES AIR FORCE NAVY OTHER	GUEST ADOPT YES NO
	ACTIVE DUTY GUARD RESERVE	NUMBER OF MEMBERS

PUT ATTACHMENTS ON BACK

**MAIL TO: Leslie Clayton
2213 E. Bryant St
919-440-4408**

OPERATION UPLINK UNMET NEEDS GRANT VET. JOBS

REQUEST _____ REQUEST _____ REQUEST _____

\$ _____ \$ _____ \$ _____ FAMILY MEMBER VOLUNTEER _____

DONATION _____ DONATION _____ CHAIRPERSON _____