



**DEPARTMENT OF MARYLAND
Veterans of Foreign Wars of the United States
War Memorial Building, Room J
101 North Gay Street
Baltimore, Maryland 21202
Telephone: 410-752-6474
Fax: 410-783-2939**



PHYSICALLY HANDICAP AND MENTALLY RETARDED REPORT

PLEASE PRINT OR TYPE ALL INFORMATION

DATE: _____ MONTH ENDING: _____

DISTRICT NUMBER: _____ POST NUMBER: _____

Forward a copy of this report to the Department. Fill in all columns where applicable.

NAME OF INSTITUTION: _____

NUMBER OF PATIENTS BENEFITED: _____

NUMBER OF PERSONS PARTICIPATED IN VISIT: _____

TOTAL HOURS (____)

TOTAL MILES (____) x \$0.14, MONETARY VALUE OF \$ _____

TOTAL DONATIONS (Tolls, Fruit Baskets, Cakes, etc.): \$ _____

CARDS AND/OR FLOWERS: \$ _____

HOSPITAL EQUIPMENT (Loaned, Rental Fees, etc.): \$ _____

TOTAL VALUE OF THIS REPORT: \$ _____

GIVE A BRIEF RESUME OF YOUR PROGRAM:

Signed By: _____ Title: _____