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HOSPITAL'S REPORT:

HOSPITAL CHAIR:

Report Date:

Contributions:			
DONATOR'S NAME	DONATED	GIVEN TO	COMMENTS

Visits:			
PLACE	WHO	WHAT WAS GIVEN	COMMENTS

Comments / Remarks:

REPORT SUBMITTED BY:

FROM THE DAV MEMBERSHIP:

WHO ACCEPTED THE REPORT?

WHO 2ND THE MOTION:

MOVE TO ACCEPT THE REPORT AS STATED, WITH ANY CHANGES AS NEEDED:

HOSPITAL CHAIR'S SIGNATURE:

DATE:

COMMANDER'S SIGNATURE:

DATE: