



Holiday Service

REPORT

Due 30 days after Christmas 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 #: (other than office number) | |
| Secondary Contact: | | Secondary Contact Phone # | |

Please Check the Project you are Reporting on and Indicate:

☐ Children's Stocking ☐ Santa Stops ☐ Elder Bags ☐ Community Meal

Number of Participants: _____ Number of Volunteers/ Staff: _____

Event Date: _____ Location: _____

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

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

Did the Holiday 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 ONLY:**

☐ Increased Resources ☐ Increased Community Engagement ☐ Improved Outreach ☐ Improved Education
☐ Improved Health ☐ Improved Public Safety ☐ Improved Programming ☐ Improved Results

Please provide an example of how this service helped you to make progress toward your program goals:

Do you have any questions or comments about the Holiday (Christmas) 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!