



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 #: (other than office number)	
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):

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 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 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!