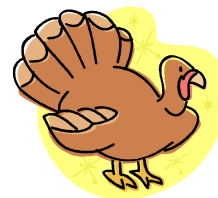


Thanksgiving Community Dinner



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 Community Dinner

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

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

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

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!