

CATHOLIC WAR VETERANS

OF THE UNITED STATES OF AMERICA, INC.

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The Department of Ohio

35 East Chestnut Street, Suite 510 Columbus, Ohio 43215-2541

	HIST	Historian's Program - Report Form										
Reporting Period: (check one)			April 1 - September 30 (report due October 1)			October 1 – March 30 (report due April 1)						
Report From:			Post Name & Number									
Post Historian's Name:					'							
Historian's Phone & Email			Ph:				E :					
Monthly Newsletters sent to:			Post Membership Dept H			Historian	Nat'l Historian				Others	
1.	April		TTL sent		Y or N		Y or N					
2.	May		TTL sent		Y or N		Y or N					
3.	June		TTL sent		Y or N		Y or N					
4.	July		TTL sent		Y or N		Y or N		1			
5.	August		TTL sent		Y or N		Y or N		I			
6.	September		TTL sent		Y or N		Y or N					
7.	October		TTL sent		Y or N		Y or N					
8.	November		TTL sent		Y or N		Y or N		1			
9.	December		TTL sent		Y or N		Y or N		1			
10.	January		TTL sent		Y or N		Y or N					
11.	February		TTL sent		Y or N		Y or N					
12.	March		TTL sent		Y or N			Y or N	Ţ			
	News Articles published - I			of Paper		Publica		tion date		Copy is attached?		
									YES	5	NO	
									YES		NO	
								YES		NO		
	CWV Magazir	Publication date		e	Copy is a		attached?					
	Articles sent					YES		NO				
						YES	NO					
	Pic	tures sent				YES	NO					
						YES	NO					
USE BACK OF PAGE FOR ADDITIONAL ACTIVITIES – if necessary												
Form Disposition (Return by deadlines above)			Send 1 copy to Department Historian				Send 1 copy to the Department Office – Mailing & email address above					

DEPT OF OHIO OFFICER PROGRAM REPORTING – Additional Activities Log For Which Officer Program: (1VC, 2VC, etc.) Post Name & No. For time period _____ Attach pictures and / or written descriptions to show a fuller picture of how your Program is administered **Category Number** # CWV Amount # People Hours **Activity Description** (from Report Form) participants assisted **Spent Spent**