NORMAN L. STREICHER HOSPITAL & CONVALESCENCE COMMITTEE REPORT

(FOR A 12 MONTH PERIOD MAY THROUGH APRIL)

IMPORTANT: Norman L. Streicher award will be based on the information provided on or attached to this report form. The award will be presented to the Post with the most information, articles, pictures and supporting documents which **must** be provided for consideration.

POST NAME: _____ POST NO._____

ADDRESS:_____

CITY/STATE/ZIP:_____

DISTRICT:_____ SECTION:_____ MEMBERSHIP CATEGORY:_____

MAIL TO:
THE AMERICAN LEGION
PO BOX 2324
HARRISBURG, PA 17105-2324

DEADLINE: MAY 22, 2025

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1. POST MEMBERSHIP AT END OF PRECEDING LEGION YEAR:_____
2. TOTAL NUMBER OF POST VISITATIONS MADE THIS YEAR TO VA MEDICAL CENTERS, STATE VETERANS CENTERS, OR NURSING HOMES WHERE VETERANS ARE LOCATED IN DOMICILLARY CARE OR OFF-STATION VISITS WITH PATIENTS:_____

VA, State, Nursing Home or Off-Station Site	Date of Visit	Type of Activity or Event	Cost to Post	No. of Post Members Attending	Total # of Volunteer Hours

PLEASE ADD SECOND SHEET IF NEEDED. AWARD CAN NOT BE WON TWO YEARS IN A ROW.

I AFFIRM THE INFORMATION CONTAINED IN THIS REPORT IS CORRECT BY POST RECORDS

_____ _____ _____
Signature of Post Officer Title Date

VA, State, Nursing Home or Off-Station Site	Date of Visit	Type of Activity or Event	Cost to Post	No. of Post Members Attending	Total # of Volunteer Hours