**REPORT**

**Due 30 days after Thanksgiving or by date specified in delivery packet**

Today’s Date:      \_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- |
| 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):**

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| --- |
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|  |

**Please share comments your participants had regarding the meal:**

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**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:**

Increased Resources  Increased Community Engagement  Improved Outreach  Improved Education

Improved Health  Improved Public Safety  Improved Programing  Improved Results

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

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|  |

**Do you have any questions or comments about the Thanksgiving Service or any other PWNA Services?**

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| --- | --- | --- |
|  |  |  |
| Program Partner Primary Contact Signature |  | Date |

**Don’t forget to attach your Participation Logs, Stories and/or Photos. Thank you!**