

**KNIGHTS OF COLUMBUS
VETERANS ACTIVITIES REPORT FORM**

DATE: _____

NAME _____ MEMBER # _____

COUNCIL # _____ ASSEMBLY # _____

have visited the following facility for veterans purposes:

1. Elsmere Veterans Hospital

2. Milford Veterans home

3. Milford Home of the Brave

4. Other _____

Comments: _____

**KNIGHTS OF COLUMBUS
VETERANS ACTIVITIES REPORT FORM**

DATE: _____

NAME _____ MEMBER# _____

COUNCIL # _____ ASSEMBLY# _____

have visited the following facility for veterans purposes:

1. Elsmere Veterans Hospital

2. Milford Veterans home

3. Milford Home of the Brave

4. Other _____

Comments: _____