

ADFD ACTIVITY CHAIR WEEKLY PROGRESS REPORT

In support of



NAVY-MARINE CORPS
RELIEF SOCIETY

1. Check appropriate week and report by 1200 on Friday:

Date Submitted: _____

Week 1 _____ Week 2 _____ Week 3 _____
Week 4 _____ Week 5 _____ Week 6 _____

2. Command/Activity:

- a. CO/Director (rank/name):
- b. Command Acronyms:
- c. UIC/RUC:

3. Command Duty Phone:

- a. Address:
- b. City, State Zip Code:

4. Drive Key Person:

- a. Phone:
- b. Email:

5. Alternate Key Person

- a. Phone:
- b. Email:

6. Total number of active duty personnel assigned: _____

Week 1 Week 2 Week 3 Week 4 Week 5 Week 6 Total

- 7. **Number of Active Duty members contacted this week:**
- 8. **Number of Active Duty donors who contributed this week:**
- 9. **Amount of cash/check contributions this week:**
- 10. **Amount of allotment contributions this week:**
- 11. **Amount of credit card/online contributions this week:**
- 12. **Total amount of contributions this week:**

	Week 1	Week 2	Week 3	Week 4	Week 5	Week 6	Total
7.							
8.							
9.							
10.							
11.							
12.							

13. **Have you delivered copy 1 of the allotment original to local PSD/IPAC? (circle) Yes No**

14. **Please indicate if this is your final transmittal (circle) Yes No**