

Department Of PA.

After Action Report

Toys For Tots

For Campaign Conducted During October - December _____
Year

Section I: Site Information

Reserve Site/ and Detachment name: _____

Address: _____

City: _____ State: _____ Zip: _____

Coordinator: _____ Phone/Fax: _____

AsstCoord: _____ Phone/Fax: _____

Population of area covered by your program: _____

Section II: Contributions

Toy Contributions

Total number of toys collected by your program: _____

Total amount of monetary donations collected: _____