



# Annual Report

## Michigan ACS

### Instructions

Please fill out the information below to ensure our records are up to date. We appreciate your time!

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### Center Information

Center Name :

Address :

Phone :

Director :  Phone:

Email :

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### Hours of Operation

Please use the box below to detail days/times your center is open.

### Services

Household Assistance Data

Bedding

Clothing

Cleaning Supplies

Food

Personal Care Kits

Furniture

Monetary Assistance

### Center Data

# of Volunteers

Volunteer Hours

Income-Church Subsidy

Income-Individuals

Income-Corp./Foundation

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### Other Notes

Let us know how your center is doing. Share concerns, testimonies, anything of importance to you!

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