

WI VFW Auxiliary Year-End Reports 25-26

Mail In Instructions

1. *Remember that you only need to report on the Programs that you participated in this year. Per National, you do not have to participate in every Program, BUT you must participate in at least one Program.*
2. You need to mail **all** the Year-End Program Reports that you fill out to your District President by **April 1, 2026**.
3. You can find fillable forms on the WI VFW Auxiliary website at: www.vfwauxwi.org and click on Programs and then click on 2025-2026 Year-End Reports at the top of the menu. You can then type in your answers and print the report.
4. If there are any questions that you need more room to answer, you can write on the back of the printed form.
5. **THE REPORTS MUST BE IN YOUR DISTRICT PRESIDENT'S HANDS BY APRIL 1, 2026.**

District 1, 3, 6 & 10 – Send to:
President Kim McWilliams
24625 103rd St
Salem, WI 53168
815-999-9214
mrsffiemt@gmail.com

District 8 Lisa Wolfinger, Dist 8 President
407 Whitney St
Kaukauna, WI 54130-2247
920-766-7911
lisawolfinger86@gmail.com

District 2 Janey Owens, District 2 President
201 Frost Woods Rd Apt 201
Monona, WI 53716-3569
608-698-3585
janeyowens53@gmail.com

District 9 Kimberly Goss, District 9 President
W1334 Serum Rd
Alma, WI 54610-8416
715-279-2464
kimberly.gossdistrict9aux.wi@gmail.com

District 4 Peg Kressin, Dist. 4 President
4149 S Regal Manor Ct
New Berlin, WI 53151-9204
262-853-5253
pmkressin@gmail.com

District 11 Rita Byers, Dist. 11 President
547 Front St
Cashton, WI 54619-8001
608-654-5470
rabyers66@gmail.com

District 7 Jane Bynum, Dist. 7 President
W7708 State Road 23
Endeavor WI 53930-9328
608-408-9222
hellofromjane@gmail.com

VETERANS OF FOREIGN WARS AUXILIARY

Department of Wisconsin

2025– 2026 Americanism Year End Report

Please print clearly and answer each question, I know you worked hard to promote Americanism this year!

Auxiliary # _____ District _____

City _____

Auxiliary Name: _____

1. Number of times your Auxiliary promoted, participated in and/or recognized any patriotic day and/or branch of service birthdays: _____
2. The number of American Flags and/or Prisoner of War/Missing in Action Flags your Auxiliary distributed and/or presented: _____
3. How did your Auxiliary use social media to share stories, events, messages using #Auxiliary Patriotism? (Please use back of page, listing the number of times) _____
4. How many photos have your Auxiliary sent to the Dept WI Americanism Chair since July 1, 2025? _____
5. Number of Patriotic Appreciation Citations, Certificates of Appreciation or Respect for the Flag Citations presented to citizens or businesses in recognition of their displaying the American Flag, Prisoner of War/Missing in Action Flag or other displays of American provide: _____

PLEASE COMPLETE THIS FORM AND SEND IT TO YOUR DISTRICT PRESIDENT BY APRIL 1, 2026.

Auxiliary President or Americanism Chair Signature: _____

Report must be postmarked before April 1st and mailed to your DISTRICT PRESIDENT.

If you email it directly to me, please send an additional copy to your District President.

Sally Lamers, Dept. WI Americanism Chair

920.475.0789

sslamers@gmail.com

**VETERANS OF FOREIGN WARS DEPARTMENT OF WISCONSIN
AUXILIARY OUTREACH
2025-2026 YEAR-END REPORT**

Reports must be sent to District President by April 1st

Auxiliary #: _____

District #: _____

Auxiliary Name: _____

City: _____

Submitter's Email Address: _____

1. Did your Auxiliary, as a group, partner with another organization not affiliated with the VFW or VFWA _____
2. How many organizations not affiliated with the VFW or the VFWA did you partner with:

3. The number of combined member and/or Auxiliary hours volunteered with another organization not affiliated with the VFW or VFWA _____
4. Send me a copy of your most outstanding activity or event that you shared on social media using **#AuxiliaryOutreach** during the current Program Year.
5. Describe the activities and/or events...e.g., brochures, flyers, social media posts, newspaper (e.g., flyers, brochures, social media posts, newsletters, e-newsletters, handouts, photos, links to videos etc.)

Your auxiliary chairman _____ Phone number _____

If you have any questions, please call me.

Karen Janssen Department Chairman
125 W 10th Street, Apt. 302
Kaukauna, Wisconsin, 54130
920-460-3897
Janssenk2007@gmail.com

VFW Auxiliary Year-End Report
"Buddy" Poppy and VFW National Home 2025-2026

Aux.# _____ Aux. Name: _____ District# _____

Buddy Poppy

1. The number of VFW "Buddy" Poppy drives held with or without VFW Post. _____
2. The number of VFW "Buddy" Poppies that were distributed. _____
3. The number of "Buddy" Poppies that were used in the VFW "Buddy" Poppy Display Contest. _____

Describe your event for your "Buddy" Poppy Drive: _____

VFW National Home

1. Did you promote the VFW National Home this year? _____
2. Did you promote the VFW National Home Helpline? _____
3. Did your Auxiliary purchase at least one VFW National Home Life Membership in the current Program Year? _____
4. Did your Auxiliary purchase at least one VFW National Home Tribute Brick in the current program year? _____

What was your Auxiliary's more outstanding "Buddy" Poppy/National Home project?
Explain in detail. _____

Auxiliary Chairman Signature: _____

Date: _____

Reports must be sent to your District President by April 1st

**VFW AUXILIARY
HISTORIAN & MEDIA RELATIONS
2025-2026 YEAR END REPORT**

Reports must be sent to District President by April 1st

Auxiliary #: _____ **District #:** _____

Auxiliary Name: _____

City: _____

Submitter's Email Address: _____

1. Did your auxiliary communicated quarterly to each of your members via email, mail, text or phone call? Yes _____ No _____
2. Does your Auxiliary have a Facebook page with or without the VFW Post?
Yes _____ No _____
3. Does your auxiliary have a website alone or with your post? Yes _____ No _____
4. Did your auxiliary send pictures or newspaper clippings to the Dept. Historian?
Yes _____ No _____
5. Did your auxiliary text a Reel to your Dept. Chairman? Yes _____ No _____

Your auxiliary chairman _____

Phone number _____

If you have any questions, please call me.

Karen Janssen
125 W 10th Street Apt 302
Kaukauna, Wi 54130
920-460-3897
Janssenk2007@gmail.com

**WI VFW AUXILIARY
2025-2026 HOSPITAL
YEAR END REPORT**

Reports must be sent to your District President by April 1st

AUXILIARY# _____

DISTRICT# _____

AUXILIARY NAME: _____

CITY: _____

CHAIRMAN'S EMAIL ADDRESS: _____

At Your Auxiliary:

1. How many of your members volunteered at any VA and/or non-VA Medical Facility?
(Each Auxiliary member is to be counted one-time only per year.) # _____

2. The total number of hours that your VFW Auxiliary members volunteered at any
VA and/or non-VA medical facility. # _____

3. The total number of hours that Sponsored Volunteers and/or students volunteered
under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA facility.

4. Did your VFW Auxiliary promote, participate, host or co-host any activity with or without
the VFW Post? _____

5. What was the total dollar amount spent on all Hospital Program-related items and/or
projects? \$ _____

HOSPITAL CHAIRMAN SIGNATURE: _____

**WI VFW Auxiliary Year-End Report
2025-2026 Legislative**

Reports must be sent to District President by April 1st

Auxiliary #: _____

District #: _____

Auxiliary Name: _____

City: _____

Submitter's Email Address: _____

1. Did your Auxiliary promote, participate, host or co-host activities regarding the VFW Priority Goals with or without their VFW Post? Yes _____ or No _____

2. Number of times members contacted their legislators on veterans issues by any means. (example: Action Corp Alerts, emails, letters, thank-you notes, calls etc.). _____

3. Number of Auxiliary members who attended events where they interacted with legislators. (example: Veterans Day at the Capitol, conferences, town halls, meet-greets, etc.) _____

4. How many members signed up this year for Action Corp & Voter Voice? _____

5. Did your Auxiliary send handwritten thank-you notes to veterans paired with QR codes or links to Action Corps & Voter Voice sign up? Turning gratitude into action. Yes _____ or No _____

Legislative Chair Signature: _____

**VFW AUXILIARY
NATIONAL SCHOLARSHIPS
YEAR-END REPORTS 2025-2026**

This form must be returned to the Department Chairman by **April 1st**.

Auxiliary name and number: _____

Continuing Education:

How many entries did you receive _____

Did you work with your Post _____

If YES, describe how you promoted the program _____

Did you donate to the National President's Special Project _____

Young American Creative Patriotic Art Contest:

How many students submitted art entries for judging _____

How many entries did you submit to the Department _____

3-Dimension Patriotic Art Contest:

How many students submitted entries for judging _____

How many entries were submitted to the Department _____

VFW Scholarships

Did your Auxiliary assist your Post in promoting or conducting the VFW National Patriot's Pen Essay Contest _____

Did your Auxiliary assist your Post in promoting or conducting the VFW National Voice of Democracy Essay Contest _____

Recognition

Did your Auxiliary host an awards ceremony to recognize winners and participants in any contest _____

What was the total dollar amount or value of awards presented to the winners in any/all contests? _____

National Scholarships Chairman _____

Date _____

**WI VFW Auxiliary
Year-End Report Worksheet
Veterans and Family Support 2025-2026**

Please report your responses as indicated on the instruction sheet, if you participated in the Veterans and Family Support program. Year-Reports are due to your District President by **April 1st 2026**.

Auxiliary:_____

District:_____

Auxiliary Name and City:_____

Submitters email:_____

Did your Auxiliary:

1. Did you promote, participate, host or co-host with your VFW Post activities for any VFW Program? Examples: Disaster Relief, Military Assistance Program (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention and Mental Health Awareness? Yes ____ or No ____
2. Did you provide direct aid to Veterans, Service members, and/or their families? Example: Meals, Transportation, Cards, Packages, Donations, ETC. Yes ____ or No ____
3. What was the number of Veterans, Service members, and or their families did you assist? _____
4. What was the total monetary donation and or value of donations and goods or services provided to Veterans, Service members, and or their families.
\$_____
5. Did you share, promote, educate, the importance of Suicide Prevention and Mental Health Awareness? Yes ____ or No ____
Share that help is just a call or text away @988 and press 1? Yes ____ or No ____
6. If you used media to promote this program to increase support and awareness in the community, which forms of media did you use. Circle all that apply. TV, RADIO, NEWS PAPER, FACEBOOK, INSTAGRAM

Chairman Signature:_____

Veterans of Foreign Wars Auxiliary – Department of Wisconsin
YOUTH ACTIVITIES
2025-2026 Year-End Report

Please submit to your District President by April 1, 2026.

Auxiliary Name _____ **Auxiliary No.** _____

City _____ **District No.** _____

YOUTH GROUPS

1. What is the total number of **youth groups** that your Auxiliary worked with during the current Program Year? _____
 2. What is the total number of **youth** that your Auxiliary worked with during the current Program Year? _____
 3. How many Youth Groups Supporting Our Veterans Citations were awarded by your Auxiliary? _____
 4. How many youth were recognized by your Auxiliary with a Patriotic Youth Award? _____
 5. How many R.A.P. (Random Act of Patriotism) Cards were given out by your Auxiliary? _____
 6. How many Youth Acts of Kindness Certificates were awarded by your Auxiliary? _____
 7. Did your Auxiliary participate in Patriotism through Literacy? Yes _____ No _____
 8. How many books did your Auxiliary donate in participation of Patriotism Through Literacy? _____
 9. Did your Auxiliary hold a "Reading Buddy" activity or event? Yes _____ No _____
- ★ Please describe what you did on the back side of this sheet or another piece of paper.

ILLUSTRATING AMERICA ART CONTEST

1. Did your Auxiliary promote the Illustrating America Art Contest? Yes _____ No _____
2. How many students submitted an art entry to your Auxiliary for judging? _____
3. How many art entries did your Auxiliary submit to the Department for judging? _____
4. Did your Auxiliary host an awards ceremony to recognize awardees and participants in this contest? Yes _____ No _____
5. What was the total dollar amount and/or value of awards presented by your Auxiliary for the Illustrating America Art Contest? \$ _____

★ Please describe some other activities that your Auxiliary did with the youth in your area. You may use the back side of this sheet or another piece of paper.

Auxiliary Chairman _____ **Phone Number:** _____

Patty Jansky, Youth Activities Chairman
12758 43rd Ave., Chippewa Falls, WI 54729
715-723-0408 / pajansky@charter.net