

**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: _____