

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

**VFW AUXILIARY OUTREACH
YEAR END REPORT WORKSHEET
2025-2026**

1. Send me a copy of your most outstanding activity or event that you shared on social media using **#AuxiliaryOutreach** during the current Program Year.
2. 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.)

Send to Dept. Chairman Karen Janssen
125 W 10th Street Apt. 302
Kaukauna, WI 54103
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: _____

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

Does your auxiliary have a Facebook page? Yes_____No_____

Does your auxiliary have a website alone or with your post? Yes___No _____

Did your auxiliary send Pictures, News Paper clippings to the Dept. Historian?
Yes_____No_____

Did your auxiliary text a Reel to your Dept. Chairman? Yes_____No_____

Did your auxiliary communicated quarterly to each of your members via
email, mail, text or phone call? Yes_____No_____

Auxiliary Chairman_____Phone_____

Send to Department Historian Media Relations Chairman:

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

WI VFW AUXILIARY YEAR-END REPORT WORKSHEET

2025-2026 HOSPITAL REPORT

Report your responses as indicated on the instruction sheet,
If Your Auxiliary Participated In This Program.

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 the department chairman Jody McKinney on or before April 15th 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