

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: _____