WI VFW Auxiliary Year-End Report
Hospital 2026-2027

Reports must be sent to your District President by April 1, 2027

Auxiliary _____ District _____ City _____

Auxiliary Name: _____

1. How many of your Auxiliary members volunteered at any VA and/or non-VA medical facility? (An Auxiliary member can only be counted one time per year.) _____
2. What are the total number of hours that your members have volunteered at any VA or non-VA medical facility? _____
3. How many hours did your Sponsored Volunteers and/or students volunteered under your VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility? _____
4. Did your Auxiliary promote, participate in, host or co-host any activity with or without your VFW Post? **YES or NO**
5. What was the total dollar amount that your Auxiliary spent on all Hospital Program-related items and/or projects? **$**_____

Auxiliary Chairman or President's Signature: _____

Date: _____

Laurie Coffin, Dept. Hospital Chairman Laurie2bk@gmail.com **608-792-1422**