

WI VFW Auxiliary Year-End Report Worksheet

2024-2025 Legislative Report

REPORT YOUR RESPONSES AS INDICATED ON THE INSTRUCTION SHEET, IF YOU PARTICIPATED IN THIS PROGRAM.

Auxiliary #: _____

District #: _____

Auxiliary Name: _____

City: _____

Submitter's Email Address: _____

Did your Auxiliary:

1. promote, participate, host or co-host with their VFW Post activities regarding the VFW Priority Goals. Yes or No
2. How many members contacted their legislators on veterans' issues by any means (example: emails, letters, postcards, phone calls, etc.) # _____
3. How many members attended events where they could interact with legislators (example: legislative conferences, town halls, meet-and-greets, etc.) # _____
4. How many members are signed up for VFW Action Corp & VoterVoice? # _____

Legislative Chair Signature: _____