

WI VFW Auxiliary Year-End Report Worksheet

2024-2025 Veterans & Family Support 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 the VFW fundraising activities for any 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. provide direct aid to veterans, service members and/or their families (Examples: meals, transportation, cards, packages, donations, etc.) Yes or No

3. Approximate number of veterans, service members and/or their families assisted. # _____

4. Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families. \$ _____

5. Did your Auxiliary use media to promote programs or increase the support of Veterans, active-duty service members, and their families in the community? Yes or No

6. What media was used? TV, Radio, Newspaper, Facebook/Media, or Fliers - Please list below.

V & FS Chair Signature: _____