

# WI VFW Auxiliary Year-End Report Worksheet

## 2024-2025 Auxiliary Outreach 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. partner with another organization not affiliated with the VFW or VFW Auxiliary. Yes or No
2. How many organizations did your Auxiliary partner with during the year. # \_\_\_\_\_
3. How many combined member and/or Auxiliary hours did you volunteer with another organization not affiliated with the VFW or VFW Auxiliary. # \_\_\_\_\_

**Aux. Outreach Chair Signature:** \_\_\_\_\_