

BUDDY® POPPY & NATIONAL HOME REPORT 2024 – 2025
YOUR AUXILIARY IS ENCOURAGED TO REPORT AFTER EACH PROJECT'S COMPLETION.
ALL REPORTS MUST BE SUBMITTED BY MARCH 31, 2025.

District #: _____ **Auxiliary #:** _____ **Auxiliary City:** _____ **Date Submitted:** _____
Submitted by: _____ **Phone and Email of submitter:** _____

Buddy®Poppy

#1. Did your Auxiliary host a Buddy® Poppy drive with or without your Post? With _____ Without _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Number of Buddy® Poppies that were distributed: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

#2. Did your Auxiliary participate in the Buddy® Poppy Display Contest? Yes _____ No _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

National Home

#3. Did your Auxiliary promote the VFW National Home? Yes _____ No _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

#4. Did your Auxiliary promote the VFW National Home Helpline? Yes _____ No _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

#5. Did your Auxiliary purchase at least one VFW National Home Life Membership in the current Program Year?
Yes _____ No _____ Number Purchased: _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

#6. Did your Auxiliary purchase at least one VFW National Home Tribute Brick in the current Program Year?
Yes _____ No _____ Number Purchased: _____
Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of Project: _____

Send this form to: Cindy Biggs, 4023 Clarendon Street, Bel Aire KS 67220 or cmitchellbiggs@gmail.com
Send one copy to your District Chairman. Keep one copy for your Auxiliary files.