

VETERANS AND FAMILY SUPPORT 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:** _____

#1. Did your Auxiliary promote, participate in, host or co-host with your VFW Post activities for any VFW Program? (Examples: Disaster Relief, Military Assistance Program (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention and Mental Health awareness). Yes _____ No _____

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#2. Additional project from question #1.

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#3. Did your Auxiliary provide direct aid to veterans, service members and/or their families? (Examples: meals, transportation, cards, packages, donations, etc.) Yes _____ No _____

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____
of veterans, service members and/or their families assisted: _____
Description of project: _____

#4. Additional project from question #3.

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____
of veterans, service members and/or their families assisted: _____
Description of project: _____

#5. Did your Auxiliary provide diapers for babies or toddlers for any active duty service members or their families? Yes _____ No _____

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

#6. Did your Auxiliary provide requested items for the SRU Unit at Ft Riley? Yes _____ No _____

Hours worked: _____ Dollars Spent: _____ Value of Goods/Services Donated: _____
Date of Activity: _____ # of Members Participating: _____ Description of project: _____

Send this form to: Mike McCandless, 422 Winn Road, Salina KS 67401, or mikevfw@yahoo.com

Send one copy to your District Chairman. Keep one copy for your Auxiliary files.