## AUXILIARY OUTREACH REPORT 2025 – 2026 YOUR AUXILIARY IS ENCOURAGED TO REPORT AFTER EACH PROJECT'S COMPLETION.

ALL REPORTS MUST BE SUBMITTED BY MARCH 31, 2026.

District#	Auxiliary#	Auxiliary City		Date Submi	tted:
Submitted by:	:	Phone and Emai	l of submitter:		
Yes No _ Check all that a Cancer, Heart, A	apply: First Responders ALS Assoc Meals c	Churches n WheelsHuma	Disaster Relief ne Society F	Towns or Comn ood PantryS	nunities
Other (please l	ist)				
project. # of N	ect one of the organization Members participating: Project:	Hours work	ed:	Date of Activity	r:
project. # of	ect another of the organi Members participating: Project:	Hours work	ed:	Date of Activity	•
project. # of	ect another of the organi Members participating: Project:	Hours work	ed:	Date of Activity	
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project. # of	ect another of the organi Members participating: Project:	Hours work	ed:	Date of Activity	
project. # of	Members participating:	Hours work	ed:	Date of Activity	

**Send this form to:** Kristi Meid, 17425 McIntyre Rd, Leavenworth KS 66048 or **jkmeid@live.com** Send one copy to your District Chairman. Keep one copy for your Auxiliary files.