

**BUDDY POPPY & NATIONAL HOME 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 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 \_\_\_\_\_ # of Poppies Used: \_\_\_\_\_  
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 \_\_\_\_\_ If YES, please explain in the  
Description of Project and send one (1) picture to the Department Chairman.  
Hours Worked: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_ Value of Goods/Services Donated: \_\_\_\_\_  
Date of Activity: \_\_\_\_\_ # of Members Participating: \_\_\_\_\_ Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**#4.** Did your Auxiliary purchase at least one (1) National Home Life Membership or Tribute Bricks in the current Program  
Year? Yes \_\_\_\_\_ No \_\_\_\_\_ Number of Memberships \_\_\_\_\_ Number of Bricks \_\_\_\_\_  
Hours Worked: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_ Value of Goods/Services Donated: \_\_\_\_\_  
Date of Activity: \_\_\_\_\_ # of Members Participating: \_\_\_\_\_ Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**#5.** Did your Auxiliary support any of the programs provided at the Veteran & Family Resource Center (VFRC)?  
Yes \_\_\_\_\_ No \_\_\_\_\_ Guitars 4 Vets \_\_\_\_\_ Heros to Hives \_\_\_\_\_ Regen Agriculture Program \_\_\_\_\_  
Hours Worked: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_ Value of Goods/Services Donated: \_\_\_\_\_  
Date of Activity: \_\_\_\_\_ # of Members Participating: \_\_\_\_\_ Description of Project: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Send this form to:** Kathy McCandless, 422 Winn Rd., Salina, KS 67401 or [kathymccandlessvfw@yahoo.com](mailto:kathymccandlessvfw@yahoo.com)  
Send one copy to your District Chairman. Keep one copy for your Auxiliary files.