

Kansas VFW Auxiliary HOSPITAL REPORT 2025 – 2026

YOUR AUXILIARY IS ENCOURAGED TO REPORT MONTHLY AFTER EACH PROJECT IS COMPLETED.

A MINIMUM of two reports must be sent. ONE REPORT IS DUE by **NOVEMBER 30, 2025**. The second is due by **MARCH 31, 2026**.

NO REPORTS ACCEPTED AFTER MARCH 31, 2026.

District # _____ Auxiliary # _____ Aux. City _____

Submitted by _____ Email or phone _____

1. Did any Auxiliary members volunteer at any VA or non-VA medical facility ?

(Member is counted **ONLY** once per year) List member(s) name in description)

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Name(s) of VFW Auxiliary Hospital Volunteers: _____

2. Our Auxiliary Sponsored non-member Volunteers &/or Student volunteers at any VA or non-VA medical facility?

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Name(s) of VFW Auxiliary Sponsored non-member/Student Hospital Volunteers: _____

3. Activity/project, by our Auxiliary, held at, or for, any VA or other medical facility?

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Auxiliary monies spent \$ _____ Value of Goods/Services donated by Auxiliary members \$ _____

Describe project: _____

4. Co-hosted by our Auxiliary AND a VFW Post an Activity/project held at, or for, any VA/other medical facility?

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Auxiliary monies spent \$ _____ Value of Goods/Services donated by Auxiliary members \$ _____

Describe project: _____

5. OPERATION: Flour Sack participation and/or promotion?

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Auxiliary monies spent \$ _____ Value of Goods/Services donated by Auxiliary members \$ _____

Describe project: _____

6. Valentines for Veterans participation and/or promotion? (for February 2026)

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Auxiliary monies spent \$ _____ Value of Goods/Services donated by Auxiliary members \$ _____

Number of Valentines distributed # _____ Describe project: _____

7. Auxiliary donation and /or participation, promotion of PTSD Awareness?

Date of Activity: _____ Project hours worked # _____ Members participating in project # _____

Auxiliary monies spent \$ _____ Value of Goods/Services donated by Auxiliary members \$ _____

Describe project: _____

8. Auxiliary donation to the Department Hospital General Fund ?

Date of Activity: _____ Project hours worked # _____ Auxiliary monies spent \$ _____

RETURN TO: Kelle Brewer-Brown, 1728 SW Atwood Ave, Topeka KS 66604 or vkbb1650@aol.com.

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