

Kansas VFW Auxiliary HOSPITAL REPORT 2026 – 2027

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 **OCTOBER 31, 2026**. The second is due by **MARCH 31, 2027**.

NO REPORTS ACCEPTED AFTER MARCH 31, 2027.

District # _____ Auxiliary # _____ Aux. City _____

Submitted by _____ Email or phone _____

1. Auxiliary donation to the Department Hospital General Fund ?

Date donation sent to Dept Treasurer: _____ Amount of Auxiliary monies donated \$ _____

2. 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 Project: _____ Project hours worked # _____ Members participating in project # _____

Name(s) of VFW Auxiliary Hospital Volunteers: _____

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

Number of **sponsored**: NON-MEMBER Volunteers # _____ STUDENT Volunteers # _____

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

4. Project, by our Auxiliary, held at, or for, any VA or other medical facility?

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

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

Describe project: _____

5. Project for: Honors Escort OR Women Veterans Health Care OR Hospital Volunteer Recruitment/Recognition OR VAVS?

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

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

Describe project: _____

6. OPERATION: Sparkle 250 participation and/or promotion?

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

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

Describe project: _____

7. Valentines for Veterans participation and/or promotion? (for February 2027)

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

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

Number of Valentines distributed to veterans in a medical facility # _____

8. Other Hospital ? e.g. Contests; Media promotions; Blood donations; Ronald McDonald House; Happiness from Home; etc.

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

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

Describe project: _____

RETURN TO: Department Hospital Chairman, Kelle Brewer-Brown. Send a copy to District Chairman. Retain a copy for Auxiliary.