

**VETERANS AND FAMILY SUPPORT 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:** \_\_\_\_\_

**#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/PTSD) 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 participate in the Adolpt-a-Unit program? Yes \_\_\_\_\_ No \_\_\_\_\_

Number of service members assisted: \_\_\_\_\_

Hours worked: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_ Value of Goods/Services Donated: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ # of Members Participating: \_\_\_\_\_ Description of project: \_\_\_\_\_

**#6.** Did your Auxiliary make a donation to the SRU Unit at Ft Riley? Yes \_\_\_\_\_ No \_\_\_\_\_

Dollars Donated: \_\_\_\_\_ Value of Goods Donated: \_\_\_\_\_ Date of Donation: \_\_\_\_\_

**#7.** Did your Auxiliary participate in any activity not listed in questions 1 – 6? Yes \_\_\_\_\_ No \_\_\_\_\_

Hours worked: \_\_\_\_\_ Dollars Spent: \_\_\_\_\_ Value of Goods/Services Donated: \_\_\_\_\_

Date of Activity: \_\_\_\_\_ # of Members Participating: \_\_\_\_\_ Description of project: \_\_\_\_\_

**Send this form to:** Vickie Burggraf, 4493 Louisiana Rd, Ottawa KS 66067, or [v\\_burggraf@hotmail.com](mailto:v_burggraf@hotmail.com)

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