



Veterans & Family Support

2023 - 2024 Report Form

Phyllis Cooks, Department Chairperson

7006 Whitney Avenue

Forestville, MD 20747

301-736-5022 phyllismcooks@aol.com



Auxiliary _____ District _____ Month _____ Chairman _____

Reporting Period: From _____ To _____

Hours _____ Projects Cost \$ _____ Mileage _____ Volunteers # _____

Did your Auxiliary utilize any of the Veterans & Family Support material/resources available in MALTA Member Resources?
 Yes _____ No _____

Did your Auxiliary promote, participate, host or co-host with your VFW post any activities for:

- a. Disaster Relief Yes _____ No _____
- b. Military Assistance (MAP) Yes _____ No _____
- c. National Veterans Service (NVS) Yes _____ No _____
- d. Unmet Needs Yes _____ No _____
- e. Veterans & Military Suicide Prevention and Mental Health Awareness Yes _____ No _____

Did your Auxiliary provide direct aid to Veterans, service members and or their families? Yes _____ No _____
 (example: meals, transportation, cards, packages, donations, etc.)

Total monetary value of donations and goods/services provided \$ _____

Total monetary donations provided \$ _____

What did your Auxiliary do to provide aid to veterans, active-duty military and/or their families? (i.e. meals, transportation, cards, packages, donations, etc.)

Number of Get Well Cards sent - 25pts per card	Cost/Value of Get Well Cards	Number of Sympathy Cards sent - 25pts per card	Cost/Value of Sympathy cards	Other Cards sent - 25pts per card	Cost/Value of Other cards

Did your Auxiliary pay dues for members? _____ if so, how many? _____

Other Veterans & Family Support projects (use an additional sheet if necessary):