



# Veterans & Family Support

## 2024 - 2025 Report Form

VaNette Jones, Department Chairman

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Auxiliary \_\_\_\_\_ District \_\_\_\_\_ Month \_\_\_\_\_ Chairman \_\_\_\_\_

Reporting Period: From \_\_\_\_\_ To \_\_\_\_\_

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

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 \$ \_\_\_\_\_

Approximate number of veterans, service members and/or their families assisted. # \_\_\_\_\_

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

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