



Veterans & Family Support Program

2025-2026 Report Form

VaNette Jones, Department Chairman

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Fruitland, MD 21826



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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):