Veterans & Family Support

2026 - 2027 Report Form

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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.)

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