

HOSPITAL – 2023-2024

**AGNES STAMPP
2622 HAMILTON STREET
WEEDSPORT, NY 13166
PHONE: 315-834-6921 EMAIL: agnes.stampp@gmail.com**

AUXILIARY _____

DISTRICT _____

1. Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility.
(Auxiliary member to be counted one time only per year) _____
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility. _____
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility. _____
4. Did your Auxiliary promote, participate in or host any activity below:
 - Honors Escort _____
 - National Salute to Veteran Patients _____
 - Valentines for Veterans _____
 - Veterans Health Care (VHA) _____
 - Womens Veteran Health Care Program _____
5. Did your Auxiliary promote, participate in or co-host with their **VFW Post**, any activity below:
 - Honors Escort _____
 - National Salute to Veteran Patients – Valentines for Veterans _____
 - Veterans Health Care (VHA) _____
 - Womens Veteran Health Care Program _____
6. Total Dollar amount spent on all Hospital Programs related items and/or projects. _____

Auxiliary President: _____ Date: _____

Auxiliary Chairman: _____ Phone: _____

Auxiliary Chairman Email: _____

“Light The Flame Of Hope For Our Veterans, While Banding Together For Our Veterans”