



Department of NY VFW Auxiliary

Legislative

Year-End Report

Must Reach Department Chairman BEFORE April 1, 2025

Auxiliary Name: _____ # _____

District # _____ **Auxiliary Chairman:** _____

1. Did your Auxiliary promote, participate in, and/or host or co-host activities regarding the VFW Priority Goals with or without your Post? Y / N

2. How many times did your Auxiliary members contact your legislators regarding veterans' issues by any means- emails, letters, postcards, phone calls, etc. _____

3. Number of Auxiliary members who attended events where they could interact with legislators (example: legislative conferences, town halls, meet-and-greets, etc.) _____

Auxiliary Chairman signature _____

Chairman Phone number: _____ **Email** _____