



Department of NY VFW Auxiliary

Veterans & Family Support

Year-End Report

Must Reach Department Chairman BEFORE April 1, 2025

Auxiliary Name: _____ # _____

District # _____ **Auxiliary Chairman:** _____

1. Did your Auxiliary promote, participate, host or co-host with your Post activities for ANY VFW Program? (Examples: Disaster Relief-Military Assistance Program (MAP)- National Veterans Service (NVS)- Unmet Needs- Veterans & Military Suicide Prevention and Mental Health Awareness) Y / N

2. Did your Auxiliary provide direct aid to veterans, service members and/or their families?
(Examples: meals- transportation- cards- packages- donations, etc.) Y / N

3. Approximate number of veterans, service members, and/or their families did your Auxiliary assist? _____

4. Total monetary donations and/or value of donations and goods/services provided.
\$ _____

5. Did your Auxiliary participate in the following:
Trees for Troops Y / N
In Lieu of Cards Y / N
Stop 22 Event Y / N

Auxiliary Chairman signature: _____

Chairman Phone number: _____ **Email:** _____