



AMERICANISM - PATRIOTIC INSTRUCTOR



**Ashleigh Horsky - Chairman
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**Year-End Report
Must Reach Department Chairman BEFORE April 15, 2026**

**Auxiliary Name: _____ #: _____
District #: _____ Auxiliary Chairman: _____**

1. Did your Auxiliary honor/recognize Gold Star, Blue Star, Silver Star, White/
Green Star Families? **Y / N**
2. Did your Auxiliary distribute/or present American Flags and/or POW/MIA
Flags? **Y / N**
3. Number of American Flags and/or POW/MIA Flags distributed/or presented
4. Did your Auxiliary promote and/or recognize any Patriotic Day to
Remember? **Y / N**
5. Did your Auxiliary participate in: Honor Flight **Y / N**
Wreaths Across America **Y / N**
6. Number of Certificate of Appreciation or Respect for the Flag Citations
Presented to businesses/citizens recognizing their displays of American
Pride _____
7. Did your Auxiliary utilize the QR code for your Americanism Program?
Y / N

**Auxiliary Chairman Signature: _____
Chairman Phone Number: _____
Email: _____**