

AUXILIARY OUTREACH PROGRAM

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VFW Auxiliary Department of New York AUXILIARY OUTREACH 2025-2026 Year-End Report

Must be received by Department Chairman BEFORE April 15, 2026

Auxiliary Number	_ Auxiliary Name		
Auxiliary Chairman		District Number	
 Did your auxiliary Program Year? 		re other organizations during the 2025-2026	
How many organizeProgram Year?	ations did your auxiliar	y partner with during the 2025-2026	
	3. How many of your auxiliary members volunteered with one or more organizations during the 2025-2026 Program Year?		
	. How many total hours did your auxiliary members volunteer with other organization during the 2025-2026 Program Year?		
		th #AuxiliaryOutreach about your members ing the 2025-2026 Program Year?	
Auxiliary Chairman Si	gnature		
Auxiliary Chairman Ph	none	Email	
(Please use	separate page(s) for ac	Iditional information, if you wish.)	