



YEAR END REPORT 2025-2026
Marie-Aymee Fisk, Chairman
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HOSPITAL PROGRAM

Reach Department Chairman BEFORE April 15, 2026

Auxiliary Name: _____

Auxiliary # _____ District # _____

Auxiliary Chairman _____

1. How many Auxiliary members volunteer 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 or non-VA medical facility. _____
3. Total number of hours of SPONSORED Non-Members and/or students who volunteered under the VFW Auxiliary sponsorship and/or supervision at any VA or non-VA medical facility. _____
4. Did your Auxiliary host or co-host any activity with your Post at any VA or non-VA medical facility? Y / N
5. Total dollar amount spent on all Hospital Program related items and/or projects \$ _____
6. Briefly describe an activity your Auxiliary participated in to provide happiness to Veteran patients. (See National Award #1)

Auxiliary Chairman signature _____

Chairman Phone number: _____

Email _____