

Department of NY VFW Auxiliary

Veterans & Family Support

**Kim Cavallo, 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 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 that your Auxiliary assisted? _____ (based upon monthly reports)**
- 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:** _____