



DEPARTMENT OF NY VFW AUXILIARY  
**VETERANS & FAMILY SUPPORT**

YEAR END REPORT 2026-2027

**\*\*MUST REACH DEPARTMENT CHAIRMAN BY APRIL 1, 2027\*\***

Kim Cavallo, Department Chairman  
61-58 71<sup>st</sup> St., Middle Village, NY 11379  
**\*\*Please allow extra time if mailing\*\***  
[kcavallo920@gmail.com](mailto:kcavallo920@gmail.com)  
516.458.3930

Auxiliary Name: \_\_\_\_\_ Post# \_\_\_\_\_ District # \_\_\_\_\_

1. Did your Auxiliary promote, participate, host, or co-host with your Post activities for **ANY** VFW Program? Examples include Disaster Relief, Military Assistance Program (MAP), National Veterans Service (NVS), Unmet Needs, Suicide Prevention, Mental Health Awareness. **Y/N**
  - a. Remember to complete the award application found on MALTA to be considered for a National Award for most
  - b. outstanding promotions of VFW resources for veterans, service members and their families.
2. Did your Auxiliary provide direct aid to veterans, service members, and/or their families? Examples include meals, transportation, cards, packages, donations, etc. **Y/N**
3. What is the approximate number of veterans, service members, and/or their families that your Auxiliary assisted? \_\_\_\_\_ (this should be the totals from your monthly reports)
4. What is the total amount of monetary donations and/or value of donations provided by your Auxiliary? \$ \_\_\_\_\_ (this should be the totals from your monthly reports)
5. Did your Auxiliary participate in the following?
6. Trees for our Troops **Y/N**
7. In Lieu of Cards **Y/N**
8. Stop 22 Event **Y/N**

Auxiliary Chairman: \_\_\_\_\_

Chairman Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_