



**VFW AUXILIARY DEPARTMENT OF NEW YORK  
PROGRAM REPORT FORM ~ 2023-2024**



**PROGRAM NAME**

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**AUXILIARY No.** \_\_\_\_\_ **DISTRICT No.** \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF HOW YOUR AUXILIARY PERFORMED/ATTENDED/PROMOTED/DONATED TO THIS PROGRAM. INCLUDE AN ADDITIONAL PAGE, IF NECESSARY, FOR YOUR REPORT.

NO. OF MEMBERS PARTICIPATING	NO. OF VETERANS ATTENDING/ AFFECTED/ BENEFITTED	NO. OF HOURS	NO. OF MILES TRAVELED (PORTAL TO PORTAL)	DOLLAR VALUE OF GOODS DONATED BY AUX MEMBERS (BASKET ITEMS, DISH TO PASS, ETC)	AMOUNT OF AUXILIARY FUNDS SPENT	TOTAL AMOUNT SPEND THIS EVENT

AUXILIARY CHAIRMAN \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF SUBMISSION \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

AUXILIARY PRESIDENT \_\_\_\_\_ EMAIL \_\_\_\_\_

***THANK YOU FOR SUBMITTING YOUR REPORT AND KEEPING OUR MISSION TO OUR VETERANS STRONG!  
REPORTS MAY BE SENT USPS OR EMAIL TO RESPECTIVE PROGRAM CHAIRMAN.***

**PLEASE REPORT BY THE 1<sup>ST</sup> OF EACH MONTH!**

***“Light the Flame of Hope for Our Veterans”***