



VFW AUXILIARY DEPARTMENT OF NEW YORK
PROGRAM REPORT FORM ~ 2024-2025



PROGRAM NAME _____

AUXILIARY No. _____ DISTRICT No. _____

PROVIDE A BRIEF DESCRIPTION OF HOW YOUR AUXILIARY/ MEMBERS 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 SPENT 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 1ST OF EACH MONTH!
"Soaring Into the Next Century of Service with Our Veterans and Their Families"**