VETERANS & FAMILY SUPPORT

2023-2024 Year End Report

Submit 2 Copies To Your District President by March 31, 2024

Auxiliary Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ District Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your **Auxiliary** utilize any of the Veterans & Family Support materials/resources

available in MALTA Member Resources? \_\_\_\_\_

2. Did your **Auxiliary** promote, participate of co-host with your VFW Post activities for

any VFW Program listed below?

* Disaster Relief \_\_\_\_\_
* Military Assistance (MAP) \_\_\_\_\_
* National Veterans Service (NVS) \_\_\_\_\_
* Unmet Needs \_\_\_\_\_
* Veterans and Military Suicide Prevention and Mental Health Awareness \_\_\_\_\_

3. Did your **Auxiliary** provide direct aid to veterans, service members and/or their

families? (Example: meals, transportation, cards, packages, donations, etc.) \_\_\_\_\_

4. Approximate number of veterans, service members, and/or their families assisted. \_\_\_\_\_

5. Total monetary donations and/or value of donations and goods/services provided

to veterans, service members and/or their families. \_\_\_\_\_

**Auxiliary President:** (Please Print) **Auxiliary Chairman:** (Please Print)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_