

VETERANS AND FAMILY SUPPORT

2020-2021 YEAR-END REPORT

Submit Two (2) Copies To Your District President by **March 31, 2021**

Auxiliary Name: _____

Auxiliary # _____

District # _____

Auxiliary Membership as of June 30, 2020 _____

Did your Auxiliary host (or co-host with your VFW Post) fundraising activities for National Veterans Service (NVS)?
YES ___ NO ___

Did your Auxiliary host (or co-host with your VFW Post) fundraising activities for VFW Veterans & Military Support Programs: (Military Assistance Program [MAP], Unmet Needs, and VFW's "Sport Clips Help A Hero Scholarship.")
YES ___ NO ___

Did your Auxiliary participate in and/or sponsor events or projects for homeless veterans: (For example, Stand Downs, clothing drives, etc.) YES ___ NO ___

Did your Auxiliary provide direct aid to veterans, service members and/or their families? (For example, meals, transportation, cards, packages, donations, etc.) YES ___ NO ___

Total monetary value of in-kind donations and goods/services provided: \$ _____

Total actual monetary donations provided: \$ _____ Approximate number of veterans/military personnel assisted:

Did your Auxiliary promote veteran and military suicide prevention and mental health awareness: YES ___ NO ___

Did your Auxiliary provide support for veteran and military caregivers: YES ___ NO ___

How did your Auxiliary use media to promote Veterans & Family Support projects and/or programs in your community:

What media was used? (Check all that apply.) TV ___ Radio ___ Newspapers ___ Facebook/Social Media ___

Fliers/Posters ___

Please describe the outstanding or favorite activities and events from the above questions:

Please describe your Auxiliary's special or regular activity or event that does not fit into the above questions; Include the number of veterans or military and/or family members supported, monetary or in-kind donation value, number of participating Auxiliary members, and why your Auxiliary started or continues the event/activity.

Use additional pages if necessary to complete comments.

Auxiliary President

Signed _____

Address _____

City/State/Zip _____

Phone Number _____

Auxiliary Chairman

Signed _____

Address _____

City/State/Zip _____

Phone Number _____