

VETERANS AND FAMILY SUPPORT

2020-2021 DISTRICT YEAR-END REPORT

Submit by April 15, 2021

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District # _____

Number of Auxiliaries Participating _____

How many Auxiliaries hosted (or co-hosted with their VFW Post) fundraising activities for National Veterans Service (NVS)? _____

How many Auxiliaries hosted (or co-hosted 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.") _____

How many Auxiliaries participated in and/or sponsored events or projects for homeless veterans: (For example, Stand Downs, clothing drives, etc.) _____

How many Auxiliaries provided direct aid to veterans, service members and/or their families? (For example, meals, transportation, cards, packages, donations, etc.) _____

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

Total actual monetary donations provided: \$ _____

Approximate number of veterans/military personnel assisted: _____

How many Auxiliaries promoted veteran and military suicide prevention and mental health awareness: _____

How many Auxiliaries provided support for veteran and military caregivers: _____

How did Auxiliaries use media to promote Veterans & Family Support projects and/or programs in your community: What media was used? (List number of Auxiliaries reporting in each media category.) TV ____ Radio ____ Newspapers ____ Facebook/Social Media ____ Fliers/Posters ____

Please list Auxiliaries with outstanding activities/events from questions 1 through 7: (Auxiliaries noted will have their report will be reviewed for the descriptive information of the activities/events.) _____

Please list Auxiliaries with outstanding activities/events that did not fit into the above questions. (Auxiliaries noted will have their report will be reviewed for descriptive information.) _____

Use additional pages if necessary to complete comments.

District President

Signed _____

Address _____

City/State/Zip _____

Phone Number _____

District Chairman

Signed _____

Address _____

City/State/Zip _____

Phone Number _____