

Hospital Program

2024-2025 YEAR-END REPORT

SUBMIT TO MARGIE LINDBERG BY APRIL 15, 2025

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Electronic Submissions OK

This form is for statical purposes and determination of awards at the end of year convention.

Auxiliary Name: _____ **Auxiliary #:** _____ **Number of Members:** _____

1. How many of your Auxiliary Members volunteered in <u>ANY</u> VA and/or non-VA medical facility. (Auxiliary member to be counted only once per year.)	# _____
2. Total Number of hours that Auxiliary members volunteered at any VA and/or non -VA medical facility.	# _____
3. Total number of hours that Sponsored Volunteers and/or student volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA facility.	# _____
4. * Did your Auxiliary host or co-host any activity with the Post at any VA and/or non-VA facility. (This does include helping in an activity or program at the facility.	YES _____ NO _____
5. * Did your Auxiliary deliver and/or send Valentines to veteran patients:	YES _____ NO _____
6. Did your Auxiliary educate members about the VA's Women's Veterans Health Care Program:	YES _____ NO _____
7. Total dollar amount spent on all Hospital Program related items and/or projects. Include your Hospital Pledge and additional donations.	\$ _____

***Please give expanded details for your answers to numbers 4 and 5 on a separate sheet of paper.**

Signed:

AUX Chair: _____

AUX President: _____

Chair Email: _____

Chair Phone Number: _____