

Name of Auxiliary \_\_\_\_\_ Aux. # \_\_\_\_\_ Dist.# \_\_\_\_\_

Auxiliary Chairman: \_\_\_\_\_ Phone # \_\_\_\_\_  
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1. Did Your Auxiliary submit to the Department Veterans & Family Support Chairman by March 31, 2025, an entry for the "Most outstanding activity and/or event to increase awareness of suicide and mental health for veterans, military, and their families"? Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. Did Your Auxiliary Utilize any of the National website in relation to use with the Veterans & Family Support Program? Yes \_\_\_\_\_ No \_\_\_\_\_ (MALTA/Member material/resources. Example Rock Card, Suicide Awareness, Veterans Crises Line, ANY VFW National Veterans Services information, and/or VFW Veterans Military Support information) Which ones?  
\_\_\_\_\_
  
2. B: Did your Auxiliary donate to National Veteran Services? Yes \_\_\_\_\_ No \_\_\_\_\_ How much \$ \_\_\_\_\_
2. C: Did your Auxiliary donate to VFW Veterans Military Support Programs? Yes \_\_\_\_\_ No \_\_\_\_\_ How much \$ \_\_\_\_\_
  
3. Did your Auxiliary promote, participate, host or Co-host with your VFW Post any activities(s) for any VFW Program. (Examples: Disaster Relief, Military Assistance Program (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention & Mental Health awareness.)? \_\_\_\_\_ If yes which ones \_\_\_\_\_  
\_\_\_\_\_
  
4. Did your Auxiliary provide direct aid to veterans, service members and/or their families? (Examples: meals, transportation, cards, packages, donations, etc.). If yes, what did you do? \_\_\_\_\_  
\_\_\_\_\_
  
5. How many veterans, service members and/or family members did you assist? \_\_\_\_\_
  
6. Did your Auxiliary participate in Suicide Prevention Awareness month (September)? Yes \_\_\_\_\_ No \_\_\_\_\_ Did you participate in Suicide Awareness at any other time during the year? Yes \_\_\_\_\_ No \_\_\_\_\_
  
7. Did your Auxiliary participate at "Heros in the Ballpark"? Yes \_\_\_\_\_ No \_\_\_\_\_ Did your Auxiliary donate? \$ \_\_\_\_\_
  
8. What are the TOTAL monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families your Auxiliary provided this year? \$ \_\_\_\_\_
  
9. As Veterans & Family Support Chairman for your Auxiliary what is the project/activity that you are most proud of this year? \_\_\_\_\_

CC: District President  
Auxiliary President  
Department Awards Chairman

Signature: \_\_\_\_\_  
Print Name \_\_\_\_\_

\*Attach one resume page only to this report.