

Hospital
Year End Report 2025-2026

Due: April 15, 2026
Send to: Lori Nettles
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2747 Mt. Baker Hwy.
Bellingham, WA 98226

Name of Auxiliary _____ Aux. # _____ District _____

Auxiliary Chairman: _____ Phone # _____

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1. How many of you Auxiliary members volunteered in **ANY** VA and or non-VA medical facility? (VFW Auxiliary members to be counted one time only per year.)
Number of Volunteers: _____

 2. What is the total number of hours that you Auxiliary members volunteered at **ANY** VA and or non-VA medical facility?
Number of Hours Volunteered: _____

 3. What is the total number of hours that Sponsored Volunteers and/ or students volunteered under the Auxiliary sponsorship and supervision at **ANY** VA and or non-VA medical facility?
Number of Hours Volunteered: _____

 4. Did you Auxiliary promote, participate in or co-host any activity with your Post?
What did you do together? _____

 5. Total amount spent on all Hospital related items and or projects? _____

Please use additional sheets of paper to explain all that you did.

Cc: District President
Auxiliary President

Signature: _____