Year End Report 2026-2027

SUBMIT TO: BY APRIL 15, 2027

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

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

1. Number of Auxiliary Members that volunteered in ANY 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 promote, 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. Total dollar amount spent on all Hospital Program related items and/or projects. Include your Hospital Pledge and additional donations.	**$**_____
6. *Did your Auxiliary do anything fun or special for a traditional or non-traditional holiday at a VA hospital or a nursing facility?	**YES____ NO___**

***Please give expanded details for your answers to numbers 4 and 6 on a separate sheet of paper.**

Signed AUX Chair: _____ AUX President: _____

Chair Email: _____

Chair Phone Number: _____

SEND TO –
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