**Veterans and Family Support** Due: April 15, 2024

Year End Report 2023-2024 Send to: Annie Sullivan

[anniesullivan1972@gmail.com](about:blank)

4124 S Toutle Rd

Toutle, WA 98649

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

Auxiliary Chairman: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Did your Auxiliary utilize any of the National website MALTA/Member material/resources available for Veterans & Family Support? Yes \_\_\_\_ No \_\_\_\_
2. Did your Auxiliary promote, participate, host or co-host with their VFW Post activities/fund raising for: Disaster Relief National Veteran Services (NVS) Military Assistance Program (MAP) Unmet Needs Sports Clips Scholarships Veteran & Military Suicide Prevention & Mental Health Awareness Stand Down .
3. Did your Auxiliary make a donation to National Veteran Services? Yes \_\_\_\_ No \_\_\_\_ $ to VFW Veterans Military Support Programs? Yes \_\_\_\_ No \_\_\_\_ $ .
4. Did your Auxiliary provide direct aid to Veterans, service members and/or families examples: meals transportation cards packages donations other ? (Briefly explain)
5. Approximate number of Veterans, Service Members and/or their Families assisted?
6. Total monetary donations and/or value of donations of goods & services provided? $
7. September is Suicide Prevention Awareness month, did your Auxiliary participate? How? (Briefly explain) (Can also report other time frame project, event or donation due to the short turn-around of SOI in August)
8. Did your Auxiliary participate at “Heroes in the Ballpark? or made a donation $
9. Did your Auxiliary submit to the Department Veterans & Family Support Chairman by March 31, 2024 National Award #1 Report: Most outstanding activity and/or event to increase awareness of military suicide and mental health? Yes No or National Award #2 Report: Most outstanding activity and/or event to increase the support of veterans, service members and their families? Yes No .
10. What was your Auxiliary’s most rewarding thing this year for Veterans & Family Support? (Briefly explain)

\*Attach one resume page only to this report.

CC: District President Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Auxiliary President

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