

VFW Auxiliary Outreach

2025-2026

1. Did you PARTNER with another organization **Not** affiliated with the VFW or VFW Auxiliary? **Yes:** ____ **No:** ____

1-a Name of the organization: _____

1-b Date auxiliary voted on Participation: _____

Please provide a brief description of your activities:

Use the backside for additional space as needed.

- 2- Does this activity qualify for any of our other Auxiliary Programs? **Yes:** ____ **No:** ____

****If you answer yes to #2, this activity does NOT qualify as outreach****

Auxiliary # _____ **District #** _____ **Group #** _____

Hours: _____ **Number Of Members** _____ **MILES** _____

Chairman or Member: _____

Chairman Email: _____

Chairman Phone # _____

Auxiliary President: _____

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