

Veterans & Family Support

1) Has your Auxiliary promoted, participated, hosted (or co-hosted with your VFW Post) any of the below activities? **Yes** **No**

*** Disaster Relief * Military Assistance Program (MAP) * National Veterans Service * Unmet Needs
* Veterans & Military Suicide Prevention and Mental Health Awareness**

Please list which one and how below:

2) Has your Auxiliary provided direct aid to veterans, service members and/or families (Examples meals, transportation, cards, packages, etc.) **Yes** **No** Please provide some detail below:

3) Approximate # of veterans, service members and/or the families assisted for this report: _____

4) Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families: _____

5) Please list any other activity your Aux. completed that pertains to Veterans & Family Support not listed above:

Auxiliary # _____ District # _____ Group # _____ Date: _____ Report # _____

Members Participating _____ Hours _____ Millage _____ Dollars \$ _____

Program Chair: _____ Phone # _____

Email: _____ Auxiliary President: _____