

VFW Auxiliary Outreach 2024-2025

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:

2- Does this activity qualify for any of our other Auxiliary Programs? YES NO

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

Auxiliary # _____	District # _____	Group # _____
Hours : _____	# Of Members _____	MILES _____
Chairman Name: _____		
Chairman Email: _____		
Chairman Phone # _____		
Auxiliary President Name: _____		