

Veterans and Family Support

1. Did your auxiliary host/co-host a fundraiser for National Veterans Services? ____ Yes ____ No
If so, how did you participate? _____
2. Did your auxiliary host/co-host a fundraiser for Veterans and Military Support programs (MAP, Unmet Needs, and Sport Clips Help a Hero Scholarship)? ____ Yes ____ No
If so, how did you participate? _____
3. Did your auxiliary provide direct aid to a veteran (meals, transportation, donations, cards, packages, etc.)? ____ Yes ____ No
If so, how? _____
4. Did your auxiliary raise awareness for veteran and military suicide prevention? For mental health awareness? ____ Yes ____ No
If so, how? _____
5. Did your auxiliary participate in or sponsor an event or projects for homeless vets (Stand downs, clothes drives, etc.)? ____ Yes ____ No
If so, how? _____
6. Did your auxiliary provide support for veteran and military caregivers? ____ Yes ____ No
If so, how? _____

Auxiliary President: _____

Chairman: _____

Phone: _____

Phone: _____

Email: _____

Email: _____

Address: _____

Address: _____

Auxiliary #: _____

District #: _____

of Hours: _____

of Members: _____

Please include documentation with your reports (pictures, copies or pictures of checks, receipts, etc.)

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