

Veterans & Family Support Year-End Report

Auxiliary Name _____

Auxiliary Number _____

- 1) The number of times that your Auxiliary utilized any of the V&FS material/resources available in MALTA Member Resources. _____
- 2) Number of times that your Auxiliary promoted, participated, hosted or co-hosted with the VFW Post activities for any VFW Program listed below:

 - a) Disaster Relief
 - b) Military Assistance (MAPP)
 - c) National Veterans Service (NVS)
 - d) Unmet Needs
 - e) Veterans & Military Suicide Prevention and Mental Health Awareness
- 3) Number of times that your Auxiliary provided direct aid to veterans, service members and/or their families (example; meals, transportation, cards, packages, donations, etc.) _____
- 4) Approximate number of veterans, service members and/or their families assisted. _____
- 5) Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families? \$ _____
- 6) Submitted through Dept. Chairman for the award for most outstanding activity and/or event to increase awareness of military suicide and mental health. _____
- 7) Submitted through Dept. Chairman for the award for the most outstanding activity and/or event to increase support of veterans, service members and their families. _____

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All Year-end report forms should be sent to me by March 31, 2024.