

Veterans & Family Support

2020-2021 YEAR-END REPORT

SUBMIT TO YOUR DEPARTMENT CHAIRMAN BY APRIL 15, 2021

Auxiliary _____

**Please note that participation is not considered for any awards but it must still be tracked.*

1. Did your **Auxiliary** host/co-host with the VFW Post fundraising activities for National Veterans Service (NVS)? **Yes / No**

Explain: _____

2. Did your **Auxiliary** host/co-host with the VFW Post fundraising activities for VFW Veterans & Military Support Programs? **Yes / No**
(Military Assistance Program (MAP), Unmet Needs and VFW's "Sport Clips Help A Hero Scholarship.")

Explain: _____

3. Did your **Auxiliary** participate in and/or sponsor events or projects for homeless veterans? (For example, Stand Downs, clothing drives, etc.) **Yes / No**

Explain: _____

4. Did your **Auxiliary** provide direct aid to veterans, service members and/or their families? (For example, meals, transportation, cards, packages, donations, etc.) **Yes / No**

Explain: _____

Total monetary value of donations and goods/services provided: \$ _____

Total monetary donations provided: \$ _____

Approximate number of veterans/military personnel assisted: \$ _____

5. Did your **Auxiliary** promote veteran and military suicide prevention and mental health awareness? **Yes / No**

Explain: _____

(continued on next page)

6. Did your **Auxiliary** provide support for veteran and military caregivers? **Yes / No**

Explain: _____

7. Did your **Auxiliary** use media to promote Veterans & Family Support projects and/or programs in the community? **Yes / No**

What media was used? (Check all that apply)

TV _____ Radio _____ Newspapers _____ Facebook/Social Media _____ Fliers _____

Explain: _____

(Use this space for any additional information you wish to provide)

Submit to:

Pat Janssen

Dept of Mo - Veterans and Family Support Chairperson

6216 Clover Lake Dr, Cedar Hill, MO 63016

636-551-0280 • coupongrandma04@yahoo.com

Signed _____ Auxiliary Chairman	Name _____
Address _____	Email _____
City _____ State _____ Zip _____	Phone Number (____) _____