



## VFW AUXILIARY DEPARTMENT OF NEW YORK PROGRAM REPORT FORM ~ 2018-2019

UNWAVERING SUPPORT



FOR UNCOMMON HEROES

PROGRAM NAME \_\_\_\_\_

AUXILIARY NO. \_\_\_\_\_ COUNTY COUNCIL \_\_\_\_\_ DISTRICT NO. \_\_\_\_\_

PROVIDE A BRIEF DESCRIPTION OF HOW YOUR AUXILIARY PERFORMED/ATTENDED/PROMOTED/DONATED TO THIS PROGRAM. INCLUDE AN ADDITIONAL PAGE IF NECESSARY FOR YOUR REPORT.

No. of Members Participating	No. of Hours	Total Dollars Spent	Total Miles	Total No. of Poppies Used

AUXILIARY CHAIRMAN \_\_\_\_\_ EMAIL \_\_\_\_\_

DATE OF SUBMISSION \_\_\_\_\_ TELEPHONE NUMBER \_\_\_\_\_

AUXILIARY PRESIDENT \_\_\_\_\_ EMAIL \_\_\_\_\_

***THANK YOU FOR SUBMITTING YOUR REPORT AND KEEPING OUR MISSION TO OUR VETERANS STRONG!***

**REPORTS ARE DUE TO THE DEPARTMENT CHAIRMAN BY THE 1ST OF EACH MONTH!**

***“HUGS ... HONOR – UNDERSTANDING – GRATEFUL FOR OUR VETERANS SERVICE”***