

**VETERANS AND FAMILY SUPPORT  
MID-YEAR & YEAR-END REPORT**

Mid-Year Report - Must be received by District President by December 10, 2022.

Year-End Report - Must be received by District President by April 10, 2023.

District President will forward to Department Chair by December 20 and April 20 respectively.

Auxiliary Name \_\_\_\_\_ Number \_\_\_\_\_ District \_\_\_\_\_

\*Please send your report as each event occurs, documentation along with pictures and or receipts must be attached to the report.

1. Did your Auxiliary participate in "Recognize our Caregivers"? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did your Auxiliary participate in the "VFW Supported Programs"?

- **Texas VFW Foundation** CK# \_\_\_\_\_ \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- **MAP** CK# \_\_\_\_\_ \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- **Adopt A Unit** CK# \_\_\_\_\_ \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- **Sports Clips** CK# \_\_\_\_\_ \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_
- **Veterans & Military Suicide Prevention and Mental Health Awareness** CK# \_\_\_\_\_ \$ \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_

\*If you supported another organization, please list \_\_\_\_\_  
Amount Donated \$ \_\_\_\_\_ CK# \_\_\_\_\_ (Attach copy of check.)

3. Did your Auxiliary support "**Homeless Veterans**"? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did your Auxiliary support "**Unmet Needs Programs**"? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Did your Auxiliary support "**Your Local Food Bank**"? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Did your Auxiliary support "**Troopons®**"? Yes \_\_\_\_\_ No \_\_\_\_\_

Auxiliary Chairman \_\_\_\_\_

Phone Number \_\_\_\_\_ Email \_\_\_\_\_

**TOGETHER EVERYONE ACHIEVES MORE FOR OUR VETERANS**

**HANDS THAT SERVE, HEARTS THAT CARE**