



Chairman: Martha Braunschauen
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2024-2025 Report Form

Program Goals

**Volunteer Recruitment, Recognition and Support Valentines for Veterans,
Women Veterans Health Care • Honors Escort**

1. Did any of your Auxiliary Members volunteer at any VA and /or non-VA medical Facility?
Yes No How Many Members: _____
(Auxiliary members to be counted only one time per year)
2. How many hours did Auxiliary members volunteer in any VA and /or non-VA medical Facility? Hours: _____
3. Total number of hours that your Auxiliary sponsored and/or Students Volunteered under the VFW Auxiliary Sponsorship and Supervision at any VA and /or non-VA medical Facility.
Hours _____
4. Did your Auxiliary Host or co-host any activity with your VFW Post at any any VA and /or non-VA medical Facility? Yes No
5. Total Dollars amount that your Auxiliary spent on all Hospital Program realter Items and /or Projects. \$ _____
6. Did your Auxiliary donate to the Department Hospital Fund per June 30, 2024 Membership?
\$ _____

Comments:

Auxiliary Number and Name _____

District # _____

Name: _____ Phone Number: _____

Email: _____