



Chairman: Martha Braunschauen  
 8810 Gramel St  
 Norfolk, VA 23503  
[msswusn@aol.com](mailto:msswusn@aol.com)  
 (757) 289-1686

**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:

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Auxiliary Number and Name \_\_\_\_\_

District # \_\_\_\_\_

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_