Buddy Poppy/National Home Program

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Name:	Phone:
Address:	Email:
	District:
Date of Report:	Auxiliary:

BUDDY POPPY PROGRAM

Did your Auxiliary hold a Buddy Poppy Drive: with your Post Auxiliary only	
Number of members involved: Number of hours volunteered:	
Number of youth participation: Number of Poppies distributed:	
<u>VFW NATIONAL HOME</u>	
Did your Auxiliary promote the VFW National Home/Helpline?	
In your meetings? Yes No At an event: Yes No	
Number of members involved: Number of hours volunteered: (for an event)	
Did your Auxiliary purchase any VFW National Home Life Memberships? Yes No	
Did your Auxiliary purchase any Tribute Bricks? Yes No Quantity	
<u>Health and Happiness Fund:</u>	
Did your Auxiliary donate to the Department Health and Happiness Fund?	
Yes No Amount	
Is your Auxiliary promoting/using the <i>Buddy Poppy QR Code</i> ? Yes No	
National Home QR Code? Yes No	
Comments:	