



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: _____

VFW NATIONAL HOME

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 _____

Health and Happiness Fund:

Did your Auxiliary donate to the Department Health and Happiness Fund?

Yes _____ No _____ Amount _____

Is your Auxiliary promoting/using the ***Buddy Poppy QR Code***? Yes _____ No _____

National Home QR Code? Yes _____ No _____

Comments: _____
