

Legislative Program





Elizabeth Wilson 4725 Boxford Rd. * Virginia Beach, VA * 23456 757-473-3456 * lizwilson3456@gmail.com

| Name: | Phone: |
|---|--|
| Address: | Email: |
| | District: |
| Date of Report: | Auxiliary: |
| | |
| VFW PRIORITY GOALS | |
| Does your Auxiliary promote the VFW Prio | ority Goals? Yes No |
| Did any Auxiliary members contact their Le | gislators on Veterans' issues? Yes No |
| Email Letters Phone Calls | Social Media Other |
| Have any of your Auxiliary members attende Legislators? Yes No | ed events where they were able to interact with their |
| Event: | |
| Has your Auxiliary participated in, hosted or Goals? | r co-hosted with your VFW events focused on the Priority |
| Yes No | |
| Event: | |
| | |
| VFW ACTION CORPS WEEKLY | |
| How many Auxiliary members are signed up to receive? | |
| How many Auxiliary members are actively e | engaging with Action Corps emails? |
| Does your Auxiliary promote Action Corps | Weekly to others? Yes No |
| Is your Auxiliary promoting the <i>Legislative</i> | <i>e QR Code</i> ? Yes No |
| Comments: | |
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