



Veterans & Family Support Program



Gayle Meadows

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Name: _____

Phone: _____

Address: _____

Email: _____

District: _____

Date of Report: _____

Auxiliary: _____

In what ways has your Auxiliary provided assistance to Veterans, Service Members and/or their families?

Meals _____ (amount) _____ Care Packages _____ (amount) _____ Cards _____

Monetary _____ (amount) _____ Non monetary _____ (amount) _____ Transportation _____

Other assistance: _____

In what ways? _____

Does your Auxiliary promote and/or support any of these programs:

MAP Yes ___ No ___ **Adopt-A-Unit** Yes ___ No ___ **Student Veteran Support Grant** Yes ___ No ___

In what ways does your Auxiliary promote:

Suicide Prevention & Mental Health Awareness? _____

VFW Mental Wellness Campaign? _____

Veterans Crisis Line? _____

Women Veterans Issues? _____

Does your Auxiliary apply for any VFW Grants?

Still Serving Grant Yes ___ No ___ **Uniting to Combat Hunger Grant** Yes ___ No ___

Did your Auxiliary donate to the Department Veterans & Military fund? Yes ___ No ___

Is your Auxiliary promoting the ***Veterans & Family Support QR Code***? Yes ___ No ___

Comments: _____
