



VFW Auxiliary Virginia 2026-2027
Veterans and Family Support Program

Judy Lupole, Chairman
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Name: _____ Phone: _____

Email: _____

District: _____ Auxiliary _____ Date of Report: _____

1. Has your VFW Auxiliary promoted, participated in, hosted or co-hosted with your VFW Post for any VFW Program. (Ex. Disaster Relief, National Veterans Service (NVS), Veterans & Military Suicide Prevention and Mental Health awareness. _____)
2. Has your VFW Auxiliary provided direct aid to veterans, service members and/or their families. (Ex. Meals, transportation, cards, packages, donations, etc.) _____
3. Approximate number of veterans, service members and/or their families assisted. _____
4. Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families. _____

Comments/Notes: _____
