

AUXILIARY OF THE YEAR CONTEST
(for the period of 4/1/23 – 3/31/24)

Auxiliary Name _____ **Location** _____

Auxiliary Number _____ **District Number** _____ **Division** _____

Describe ONE PROJECT ASSISTING VETERANS, THEIR FAMILIES or YOUR COMMUNITY conducted or promoted by your Auxiliary during this administration. Attach additional sheets as necessary.

Signed _____ President

Mail by April 15, 2024, to: Sheila Layton, Aux. of Year Chairman
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