

## **HOSPITAL REPORT**

**COVERING THE PERIOD OF DECEMBER 1, 2024 THROUGH MARCH 31, 2025**

Must be RECEIVED by the Dept. Chairman no later than 4/15/2025

Mail to Mary Williams, 20 John E. Smith Dr., Tewksbury, MA 01876

maryw49@gmail.com

Assistance: 978-851-6064

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Auxiliary No. \_\_\_\_\_ Location \_\_\_\_\_ District No. \_\_\_\_\_ Division \_\_\_\_\_

1. Number of members volunteering in VA and non-VA facilities. \_\_\_\_\_ No. Hours \_\_\_\_\_

(Auxiliary member to be counted one time per year)

2. Number of non-member Sponsored Volunteers: Adults \_\_\_\_\_ Youth \_\_\_\_\_

Total Hours \_\_\_\_\_

3. Did your Auxiliary sponsor a party/function for any facility, both VA and non-VA? \_\_\_\_\_

4. Did your Auxiliary donate items to a medical center/soldiers home, hospital or nursing home? \_\_\_\_\_ Explain \_\_\_\_\_

5. Did your Auxiliary promote, participate in or host any activity listed (alone or with Post):

Honors Escort / National Salute to Veterans Patients-Valentines for Veterans Veterans Health Care (VHA) / Women Veterans Health Care Program

Explain \_\_\_\_\_

6. Donation to the Department Hospital Fund (Hospital Pledge) \$ \_\_\_\_\_

7. Total amount spent on all Hospital projects: \$ \_\_\_\_\_

Attach extra sheets for additional information if needed.

Contact Name \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_