

VETERANS AND FAMILY SUPPORT REPORT

COVERING THE PERIOD OF APRIL 1, 2024 THROUGH NOVEMBER 30, 2024

Must be RECEIVED by the Dept. Chairman no later than 12/31/2024
Mail to Dawn Wright, 154 Lunenburg Road, West Townsend, MA 01474
dgwright6616@gmail.com Assistance: 603-532-6269

Auxiliary No. _____ Location _____ District No. _____ Division _____

1. Did your Auxiliary utilized any of the Veterans & Family Support material/resources available in MALTA Member Resources? _____ Explain _____

2. Did your Auxiliary promote, participate in or host any VFW Program listed: Disaster Relief, Military Assistance (MAP), National Veterans Service (NVS), Unmet Needs, Veterans & Military Suicide Prevention and Mental Health Awareness? _____ Explain _____

3. How did your Auxiliary provide direct aid to veterans, service members and/or their families (example—meals, transportation, cards, packages, donations, etc.) _____

4. Approximate number of veterans, service members and/or their families assisted _____
5. Total monetary donations and/or value of donations and goods/services provided to veterans, service members and/or their families \$ _____
6. Describe your support of Wreaths Across America _____
7. Did your Auxiliary sponsor or donate to Veterans Voices Writing Project? _____

Attach extra sheets for additional information if needed.

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Contact name _____

Phone _____ Email _____