

HOSPITAL REPORT

COVERING THE PERIOD OF APRIL 1, 2025 THROUGH NOVEMBER 30, 2025

Must be RECEIVED by the Dept. Chairman no later than 12/31/2025
Mail to Paul La Porte, Chairman, P O Box 12, E. Bridgewater, MA 02333
plp1063@gmail.com Assistance: 774-273-1910

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

1. Did your auxiliary instruct use of QR code and utilize any of the Hospital material/resources available in MALTA Member Resources? _____ Explain _____

2. Number of members attending the Hospital/Veterans & Family Support Workshop _____

3. Number of members volunteering in VA and non-VA facilities. _____ No. Hours _____

(Auxiliary member to be counted one time per year)

4. Number of non-member Sponsored Volunteers: Adults _____ Youth _____

Total Hours _____

5. Did your Auxiliary sponsor a party/function for any facility, both VA and non-VA, with or without your Post? _____

6. Did your Auxiliary donate items to a medical center/soldiers home, hospital or nursing home? _____ Explain _____

7. 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 _____

8. Donation to the Department Hospital Fund (Hospital Pledge) \$ _____

9. Total amount spent on all Hospital projects: \$ _____

Attach extra sheets for additional information if needed.

Contact Name _____

Phone _____ Email _____