

VETERANS & FAMILY SUPPORT
2024-25 REPORT
DEPARTMENT OF CONNECTICUT

“From our Roots to Our Branches Extending Service to Our Veterans”
“Never Forget the Difference You Make”

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Dept. of CT Veterans & Family Support Chairman 2024-25

1. Did your Auxiliary promote/participate/host or co-host with your VFW post an activities for any VFW Program (Examples: Disaster Relief, Military Assistance Program (MAP), National Veterans Service (NVS) Unmet Needs, Veterans & Military Suicide Prevention and Mental Health Awareness)

Circle which activity/activities

Yes? _____ NO? _____

2. Did your Auxiliary provide direct aid to veterans, service members and/or their families (Example: meals, transportation, cards packages)

Yes? _____ NO? _____

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, Services members and/or their families. _____

Dept Chairman signature _____

Auxiliary # _____ District _____ Division _____ Date _____

**Please put Hours/Members/Miles/\$'s on the back after answering questions above