

VETERANS OF FOREIGN WARS AUXILIARY  
DEPARTMENT OF CONNECTICUT  
VETERANS & FAMILY SUPPORT REPORT FORM

2022 - 2023

Chairman: Virginia Livernoche – P.O. Box 228 – Quinebaug, CT 06262

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Please attach a chronological list of all activities your auxiliary did on this program that includes: Date, Activity, # of Members, Hours and Cost/Value.

1. Did your Auxiliary host/co-host with the VFW Post fundraising activities for National Veterans Service (NVS)? \_\_\_\_\_
2. Did your Auxiliary host/co-hose with the VFW Post fundraising activities for VFW Veterans & Military Support Programs? (Military Assistance Program (MAP), Unmet Needs and VFW's "Sport Clips Help A Hero Scholarship.") \_\_\_\_\_
3. Did your Auxiliary participate in and/or sponsor events or projects for homeless veterans? (Stand Downs, clothing drives, etc). \_\_\_\_\_
4. a. Did your Auxiliary provide direct aid to veterans, service members and/or their families? (Meals, transportation, cards, packages, donations, etc.) \_\_\_\_\_  
b. Total monetary value of donations and goods/services provided: \$\_\_\_\_\_
- c. Total monetary donations provided: \$\_\_\_\_\_
- d. Approximate number of veterans/military personnel assisted: \_\_\_\_\_
5. Did your Auxiliary promote veteran and military suicide prevention and mental health awareness? \_\_\_\_\_
6. Did your Auxiliary provide support for veteran and military caregivers? \_\_\_\_\_
7. a. Did your Auxiliary donate \$2 per member for Cancer Aid? \_\_\_\_\_
- b. Amount donated to Cancer Aid: \$\_\_\_\_\_

Auxiliary Name & Number \_\_\_\_\_

Division # \_\_\_\_\_ District # \_\_\_\_\_

Chairman Signature: \_\_\_\_\_ Date: \_\_\_\_\_