

Mail to Department Chairman:
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Veterans & Family Support

REPORT FORM 2020 – 2021
 Online reporting at vfwauxiliaryil.org

Auxiliary # _____	District # _____	Date _____
Chairman Name: _____		
Email: _____		Phone: _____

National Veterans Services

Did your auxiliary make a donation to NVS? Yes___ No___
 Amount donated? \$_____

Veterans and Military Support

Did your auxiliary make a donation to any of the programs under VMS? Yes___ No___
 Amount donated? \$_____

If you hosted a fundraiser for NVS or VMS please give details:

Other VFS

Give details about any other project that was completed by your auxiliary or a member of your auxiliary that aided a veteran, active military or family member. _____

Suicide Awareness

Did your auxiliary hold a suicide awareness program or use some type of media to publicize information about suicide awareness? Yes___ No___
 Please describe: _____

Public Education

Did your auxiliary promote The Veterans and Family Support Program to the public in any manner? Yes___ No___
 Please describe: _____

Total number	Total members	Total Number of	Total Number of	Total Dollars
Projects _____	participating _____	Hours _____	Miles _____	Spent _____

To be considered reported you must be reported in at least one project but can report on all

Use additional paper to report projects.