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| For Dept. Chair's Use Date Received _____ Division _____ |
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Americanism
Year-End Report
Must be received by Department Chair Bonnie Rigsby
By Mail: 6156 Filmore Ave. Elko, NV 89801

By Email: thepad@citlink.net
NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

1. Did your Auxiliary promote, participate, recognize, any patriotic day and/or branch of service birthdays? No ____ Yes ____ Please describe _____

2. Did your Auxiliary distribute and/or present American Flags and/or POW/MIA flags?
No ____ Yes ____

3. Number of American Flags and/or POW/MIA flags distributed and/or presented by your Auxiliary? _____

4. Number of Patriotic Appreciation Citations, Certificate of Appreciation or Respect for the Flag Citations presented to citizens and/or businesses in recognition of their displaying the American Flag, POW/MIA flag and/or other displays of American pride. _____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

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|--|
| For Dept. Chair Use Date Received _____ Division _____ |
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Auxiliary Outreach
Year-End Report

Must be received by Department Chair Cindy Kaminski

By Mail: PO Box 433 Tonopah, NV 89049-0433

By Email: dkaminski@hrblock.com

NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

1. Did your Auxiliary as a group partnered with another organization not affiliated with the VFW or VFW Auxiliary? No ___ Yes ___

2. What organizations did your Auxiliary partner with during the year?

3. Number of combined member and/or Auxiliary hours volunteered with another organization not affiliated with the VFW or VFW Auxiliary. _____ Hours

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

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| For Dept. Chair Use Date Received _____ Division _____ |
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**“Buddy”® Poppy & VFW National Home
Year-End Report**

Must be received by Department Chair Barbara Silva
By mail: 17198 Aquamarine Dr. Reno, NV 89508
By Email: vfwsilvacats@gmail.com
NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

VFW “Buddy” Poppy

- 1. Number of “Buddy”® Poppy drives held with or without your VFW Post. _____
- 2. Number of VFW “Buddy”® Poppies that were distributed. _____
- 3. Did your Auxiliary participate in the VFW “Buddy”® Poppy Display contest. No ____
Yes ____ Attach picture of Display.

VFW National Home

- 1. Did your Auxiliary promote the VFW National Home? No ____ Yes ____
- 2. Did your Auxiliary promote the VFW National Home Helpline? No ____ Yes ____
- 3. Did your Auxiliary purchase at least one VFW National Home Life Membership? No ____
Yes ____
- 4. Did your Auxiliary purchase at least one VFW National Home Tribute Brick? No ____
Yes ____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone Number _____

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Historian & Media Relations
Year-End Report

Must be received by Department Chair Alison McNeill

By Mail: 7558 Tamany Dr. Las Vegas, NV89143

By Email: amcneill.vfw.aux@gmail.com

NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

1. Did your Auxiliary communicate quarterly with each of your members via email, printed mail, text or phone call? No _____ Yes _____

2. Does your Auxiliary have an Auxiliary Facebook page with or without your VFW Post?
No _____ Yes _____

3. Does your Auxiliary have an Auxiliary website with or without your VFW Post?
No _____ Yes _____

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

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Hospital
Year-End Report

Must be received by Department Chair Sharon Frederick

By Mail: 7152 Flora Lam St. Las Vegas, NV 89166

By Email: sharonfrederick@cox.net

NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

1. How many Auxiliary members volunteered at any VA and/or non-VA medical facility? _____

2. How many hours did Auxiliary members volunteer at any VA and/or non-VA medical facility?
_____ Total Hours

3. How many hours did Sponsored Volunteers and/or students volunteered, under the VFW
Auxiliary sponsorship and supervision, at any VA and/or non-VA medical facility?
_____ Total Hours

4. Did your Auxiliary promote, participate or host co-host any of the activities with or without
your VFW Post? _____

5. Total dollar amount spent on all Hospital Program related items and/or projects. \$ _____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

For Dept. Chair Use
Date Received _____
Division _____

Legislative
Year-End Report

Must be received by Department Chair Loraine Camacho
By Mail: 6401 Quida Way Las Vegas, NV 89108
By Email: auntyrannie@gmail.com
NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

1. Did your Auxiliary promote, participate and/or host activities regarding the VFW Priority Goals? No _____ Yes _____ Describe event _____

2. How many of your Auxiliary members contacted their legislators on veteran issues by any means (example: emails, letters, postcards, phone calls, etc.)? _____

3. How many of your Auxiliary members attended events where they could interact with legislators (example: legislative conferences, town halls, meet-and-greets, etc.)? _____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

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Scholarships
Year-End Report

Must be received by Department Chair Ann Marie Holly

By Mail: 355 Kirman Ave Ste. 310 Reno, NV 89052

By Email: annholly829@gmail.com

NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

Continuing Education Scholarship Contest

1. Did your Auxiliary promote the Continuing Education Scholarship Contest? No _____
Yes _____
2. Did your Auxiliary make a monetary donation to the Continuing Education Scholarship fund? No _____ Yes _____

Young American Creative Patriotic Art Contest

1. Did your Auxiliary promote the Young American Creative Patriotic Art Contest? No _____
Yes _____
2. How many students submitted entries for judging? _____
3. How many art entries were submitted to Department for judging? _____
4. Did your Auxiliary make a monetary donation to the Young American Creative Patriotic Art Scholarship fund? No _____ Yes _____

3-Dimensional Patriotic Art Contest

1. Did your Auxiliary promote the 3-Dimensional Patriotic Art Contest? No _____ Yes _____
2. How many students submitted art entries for judging? _____
3. How many art entries were submitted to Department for judging? _____
4. Did your Auxiliary make a monetary donation to the 3-Dimensional Art Contest Scholarship fund. No _____ Yes _____

VFW Scholarships

1. Did your Auxiliary assist your Post in promoting or conducting the Patriot's Pen Essay Contest? No _____ Yes _____
2. Did your Auxiliary assist your Post in promoting or conducting the Voice of Democracy Audio Essay Contest? No _____ Yes _____

Recognition

1. Did your Auxiliary host an awards ceremony to recognize awardees and participants in any/all contests. No _____ Yes _____
2. Total dollar amount and/or value of awards presented by you Auxiliary. \$ _____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____

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Division _____

Veterans & Family Support
Year-End Report

Must be received by Department Chair Ganise Vance
By Mail: PO Box 1144 Overton, NV 89040
By Email: gan@comnett.net or ganisev43@gmail.com
NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

- 1. Did your Auxiliary promote, participate, host or co-host with your VFW Post activities for any VFW Program listed below?
 - a. Disaster Relief _____
 - b. Military Assistance (MAP) _____
 - c. National Veterans Service (NVS) _____
 - d. Unmet Needs _____
 - e. Veterans & Military Suicide Prevention and Mental Health Awareness _____

- 2. Did your Auxiliary provide direct aid to veterans, service members and/or their families (example, meals, transportation, cards, packages, donations, etc.)? No _____ Yes _____

- 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, service members and/or their families. \$_____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____
Address _____ City _____ State _____ Zip _____
Email _____ Phone Number _____

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| For Dept. Chair Use Date Received _____ Division _____ |
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Youth Activities
Year-End Report

Must be received by Department Chair Ganise Vance
By Mail: PO Box 1144 Overton, NV 89040
By Email: : gan@comnett.net or ganisev43@gmail.com
NO LATER THAN MARCH 31, 2025

Auxiliary Name and Number _____

Youth Groups

1. How many youth groups did your Auxiliary work with during the Program Year? _____
2. How many youth did your Auxiliary work with during the Program Year? _____
3. How many Youth Groups Supporting Our Veterans Citations did your Auxiliary award? _____
4. Did your Auxiliary participate in Patriotism through Literacy? No _____ Yes _____
 - Number of books donated. _____

Illustrating America Art Contest

1. Did your Auxiliary promote the Illustrating America art contest? No _____ Yes _____
2. Number of students that submitted art entries to your Auxiliary for judging. _____
3. Did your Auxiliary host an awards ceremony to recognize awardees and participants in this contest.
No _____ Yes _____
5. Total dollar amount and/or value of awards presented by your Auxiliary. \$_____

Please attach any photos and/or narrative of your events.

Auxiliary Program Chair

Print Name _____ Sign _____ Date _____

Address _____ City _____ State _____ Zip _____

Email _____ Phone Number _____