



# VFW Auxiliary Activity Report

## VFW National Home

2022-2023



Date: \_\_\_\_\_ Auxiliary: \_\_\_\_\_ District: \_\_\_\_\_ Submitted By: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Projects: \_\_\_\_\_ # of Hours: \_\_\_\_\_ # of Miles: \_\_\_\_\_ Money \$ \_\_\_\_\_

1 Project needed plus Health & Happiness paid through MALTA

Health and Happiness donation: \_\_\_\_\_ members X .10 = \$ \_\_\_\_\_

Payable through MALTA

Donation to National Home Special funds\*

General Fund \$ \_\_\_\_\_ Nursery Fund \$ \_\_\_\_\_ Library Fund \$ \_\_\_\_\_

School Supplies \$ \_\_\_\_\_ Cleaning Supplies \$ \_\_\_\_\_

Technology Fund \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

\*Please send all National Home monetary donations through the Department office (Check made out to Department Auxiliary) for credit. Or provide a National Home receipt copy.

1. Attend National Home Ohio Day Yes or No

# of members attended \_\_\_\_\_ Total miles traveled \_\_\_\_\_

2. Promotion of the VFW National Home for Children Military Help line

800-313-4200 Yes or No

3. Promoted the VFW National Home within the Post/Auxiliary Yes or No

4. Promoted the VFW National Home in the Community? Yes or No

5. Promoted the VFW National Home Help line with in the Post/Auxiliary

Yes or No

6. Promoted the VFW National Home Help line in the community

Yes or No

7. VFW National Home Life Membership purchased:

7a. **FOR** an Auxiliary member, Yes or No How many \_\_\_\_\_

7b. **BY** an Auxiliary member, Yes or No How many \_\_\_\_\_

8. Other \_\_\_\_\_

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