

*Ladies Auxiliary VFW*  
*Department of New York*

**Program Report Form 2011-2012**

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

Co. Co. \_\_\_\_\_

Auxiliary # \_\_\_\_\_

Date: \_\_\_\_\_

**Period of Report:** from \_\_\_\_\_ to \_\_\_\_\_

**PROGRAM:** (Choose only one (1) program per Report Form. Report projects that pertain to those shown on this report form. Projects not listed on this form but pertain to these programs should be designated as "Other.").

**1. Americanism:**

- (a) POW-MIA
- (b) Loyalty Day

**2. Cancer Aid & Research**

**3. Extension**

**4. Hospital & VAVS:**

- (a) Veterans homes, facilities, clinics
- (b) Fisher House
- (c) Retirement Homes
- (d) Hospitalized Veterans Writing Project (HVWP)

**5. Legislative**

**6. Membership**

**7. Veterans & Family Support**

- (a) National Military Services
- (b) Adopt a Unit
- (c) Continuing Education Scholarship
- (d) National Home for Children
- (e) Buddy Poppy

**8. Voice of Democracy/Patriot's Pen**

**9. Youth Activities:**

- (a) Young American Creative Patriotic Art
- (b) Junior Girls Units
- (c) Other youth activities

**PROJECT(S):** \_\_\_\_\_

**DESCRIPTION** (list below or use reverse side of page or attach separate sheet if necessary):

<i>The numbers entered should reflect only the projects reported on this report form</i>	<b>Total Projects on this Report</b>	<b>Total Auxiliary Members Participating</b>	<b>Total Hours Worked</b>	<b>Total Number of Miles</b>	<b>Total Value/or Dollars Spent</b>	<b>Number of Buddy Poppies Used</b>

**Submitted by** (Print Name & Title): \_\_\_\_\_

**Address:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **E-mail Address:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

Ladies Auxiliary VFW  
Department of New York  
Program Report Form 2011-12  
*continuation sheet*

District #  
Co. Co.  
Aux #  
Date: