

Veterans of Foreign Wars Auxiliary
Department of South Dakota
VETERANS & FAMILY SUPPORT
Year-End Report Due No Later Than April 15, 2025

Email to: cbchase@venturecomm.net or Mail to: Tammy Chase
Home: 605-698-7438 Cell: 605-742-4179 45980 SD HWY 10, Sisseton, SD 57262

Auxiliary Name & Number: _____ Location: _____

Program Chairman Name: _____

Address: _____ City/State/Zip: _____

Email: _____ Phone: _____

- 1) Did you promote, participate, host or co-host with your Post activities for any VFW Program listed (**Please describe each on back or another page**) Circle One for each.

a) Disaster Relief	YES	NO
b) Military Assistance (MAP)	YES	NO
c) National Veterans Service (NVS)	YES	NO
d) Unmet Needs	YES	NO
e) Veterans & Military Suicide Prevention & Mental Health	YES	NO

- 2) Did you provide direct aid to veterans, service members and/or their families – UNMET NEEDS: (examples: meals, transportation, cards, packages, donations, etc) **Please describe on back or another page** **YES** **NO**

- 3) Approximate number of veterans, service members and/or their families assisted? (**Description on back or another page**) _____

- 4) Total monetary donations and/or value of donations and goods/services provided to veterans, service members and their families \$ _____

- 5) Approximate hours for all the above activities: _____

- 6) Did you do a special project for OPERATION BOTTOM COVER: **YES** **NO**
(Describe project on back or another page)

- 7) Did you support the Day County Coyote Hunt **YES** **NO** (how did you support)
Donation: _____ Time donated: _____ Other support: _____

- 8) What did you do for **Suicide Prevention and Mental Health**? Please describe your events on another page.

- 9) **What would you consider your most outstanding activity and/or event to increase the support of veterans, service members and their families? Please put on another page.**

The reason for requesting this information is for the National Reports.