

Veterans of Foreign Wars Auxiliary Department of South Dakota

VETERANS & FAMILY SUPPORT 2025-2026

Year-End Report Due No Later Than April 15, 2026

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 – time/\$/miles** **YES** **NO**

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

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 participate in **VOC Food Drive** (president Sues project): **YES** **NO**
Donation: _____ Time donated: _____ Miles: _____

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

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

9) SD - Special Project – “Keeping it Local” – what have you done locally (armory; recruiting center, reserve center, Veterans Service Office, Nursing Home, Assisted Living, Hosptial/Clinic, VFW Post/Auxiliary – help with picnic, holiday part, trunk or treat, care packages; recruiting center) (**Description on back or another page- hours, money spent, miles & activities**) We still want you to help out the state projects also with the VA’s and hospitals.

10) **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** (awards are given on this question)

The reason for requesting this information is for the National Reports – Almost everything you do falls under this program, you just have to report it. **Please report \$, time donated, miles and activities.**