

For Dept. Chair's Use Date Received _____ Division _____
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# AMERICANISM

## Year-End Report

Must be received by Department Chair **Greg Anderson**

By Mail: 5455 Desert Hills Loop, Fallon, NV 89406-2346

By Email: [ganderson9972@gmail.com](mailto:ganderson9972@gmail.com)

**NO LATER THAN MARCH 31, 2026**

**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 narratives of your events.

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_

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Division \_\_\_\_\_

## 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](mailto:dkaminski@hrblock.com)

**NO LATER THAN MARCH 31, 2026**

**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 members and/or Auxiliary hours volunteered with another organization not affiliated with the VFW or VFW Auxiliary. \_\_\_\_\_ Hours

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

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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**“Buddy”® Poppy & VFW National Home**

**Year-End Report**

Must be received by Buddy Poppy Department Chair **Brenda Staples**

By mail: P.O. Box 824, Virginia City, NV 89440

By Email: RNOSBRENBABY@aol.com

**NO LATER THAN MARCH 31, 2026**

**Auxiliary Name and Number** \_\_\_\_\_

**VFW “Buddy” Poppy**

Number of “Buddy”® Poppy drives held with or without your VFW Post. \_\_\_\_\_

1. Number of VFW “Buddy”® Poppies that were distributed. \_\_\_\_\_

2. 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 narratives of your events.

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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# Historian & Media Relations

## Year-End Report

Must be received by Department Secretary **Alison McNeill**

By Mail: 7558 Tamany Dr. Las Vegas, NV89143

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

**NO LATER THAN MARCH 31, 2026**

**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 \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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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, 2026**

**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 \_\_\_\_\_

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# LEGISLATIVE

## Year-End Report

Must be received by Department Chair **Marsy Kupfersmith**

By Mail: 2022 Forestgate Dr., Sparks, NV 89436

By Email: [renotigertiger@yahoo.com](mailto:renotigertiger@yahoo.com)

**NO LATER THAN MARCH 31, 2026**

**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 a narrative of your events.

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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# Scholarships

Year-End Report

Must be received by Department Chair **Maryanne Berdan**

By Mail: 11810 Heartpine St. Reno, NV 89506

By Email: [vfwprez@gmail.com](mailto:vfwprez@gmail.com)

**NO LATER THAN MARCH 31, 2026**

**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 your Auxiliary.    \$ \_\_\_\_\_

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

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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# Veterans & Family Support

## Year-End Report

Must be received by Department Chair **Pat Meade**

By Mail: 4438 Rolls Royce Road, Las Vegas, NV 89031-2283

By Email: [pmeade.vfw@gmail.com](mailto:pmeade.vfw@gmail.com)

**NO LATER THAN MARCH 31, 2026**

**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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# Youth Activities

## Year-End Report

Must be received by **Shirley Sousa**

By Mail: 955 Country Ridge Dr, Sparks, NV 89434-6639

By Email: grandmafrog@me.com

**NO LATER THAN MARCH 31, 2026**

**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 \_\_\_\_
4. Total dollar amount and/or value of awards presented by your Auxiliary.      \$ \_\_\_\_\_

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

Auxiliary Program Chair

Print Name \_\_\_\_\_ Sign \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Phone Number \_\_\_\_\_