

# Supreme President's Special Project

## YEAR-END

## AUXILIARY

Mail to: Grand Chairman  
Date: \_\_\_\_\_

Due Date: Grand Chairman sets date  
Grand: \_\_\_\_\_

Auxiliary Name and Number: \_\_\_\_\_

Membership as of April 30, 2017: \_\_\_\_\_

### Donations:

1. How much money was sent to Supreme? \_\_\_\_\_

2. How was this money raised?

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### Hours:

1. How many hours did your Auxiliary volunteer in VA Medical Centers, Veterans Homes, Nursing Homes, or local Hospitals promoting the Supreme President's Project: \_\_\_\_\_

2. What did your Auxiliary do for Hospitalized Veterans in your local VA Medical Centers, Nursing Homes, Hospitals, or Veterans Homes to promote the Supreme President's Project?

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Include copies of Hospital Reports showing your activities, in order to qualify these hours.

Auxiliaries not in a Grand send this report to the Supreme President's Special Project Chairman:

See program book for chairman and address.

\_\_\_\_\_  
Auxiliary Chairman

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zip

