## PRESIDENT (AUXILIARY) Year End



| Mail to: Grand President  |                 | Grand of  |                          |  |
|---|-----------------|---|--------------------------|--|
| <b>Due Date: Set by Grand President</b>   |                 |   |                          |  |
| Date:Auxi   | liary Name & Nu | mber:   |                          |  |
| Number of Meetings held by Auxiliary:   |                 | Conducted by you:                                       |                          |  |
| Hospital Visits made by you:  |                 |   |                          |  |
| Hospital Hours worked by you:   |                 | (Visit & Project)                                       |                          |  |
| Total Auxiliary Hospital Credits \$   | Hours:          |   |                          |  |
| Membership:   |                 |   |                          |  |
| Date Auxiliary reached 100%   |                 |   |                          |  |
| % As of April 30, 2023  |                 |   |                          |  |
| % As of January 31, 2024  |                 | <u></u>   |                          |  |
| % As of April 30, 2024  |                 |   |                          |  |
| Auxiliary Participation/Donations in the Fo   | llowing Suprem  | e Programs  |                          |  |
| Hospital \$   | National Hom    | e ( <b>not</b> Christmas Party)                         | \$                       |  |
| Scholarship \$  | Supreme Pres    | ident's Special Project                                 | \$                       |  |
| Associtions: Doubleinstion in the Count   |                 |   |                          |  |
| Auxiliary Participation in the Grand  |                 | A 44 a 20 de de la 10 a 1 |                          |  |
| No. of C of A Meetings held by Grand  |                 | Attended by you   |                          |  |
| Did you attend the Grand Convention?  |                 | No  |                          |  |
| Did Auxiliary participate in Grand Program<br>Have reports been made to Grand Chairme           |                 | No<br>No  |                          |  |
| Did you support the Grand Programs?   |                 | No<br>No  |                          |  |
| Explain how:  | 165             |   |                          |  |
| Explain now.  |                 |   |                          |  |
|   |                 |   |                          |  |
|   |                 |   | <del></del>              |  |
|   |                 |   | <del></del>              |  |
| ATTACH A RESUME of your activities to a   |                 | •   |                          |  |
| Cootie, the outstanding activities of the auxiliance NOT include your VFW auxiliary activities. |                 |   |                          |  |
| listing of your activities. If you attended the S   | upreme Conventi | _   |                          |  |
| Children, be sure to include this in your Resur   | ne.             |   |                          |  |
| You must be 100% in Membership and inc  | lude a Resume t | o be in competition for F                               | President of the Year!!! |  |
| Auxiliary Secretary: E-mail:  |                 | Auxiliary President                                     |                          |  |