

VFW AUXILIARY, DEPARTMENT OF WASHINGTON
DISTRICT PRESIDENT'S MONTHLY REPORT 2021 - 2022

District Number _____

Report for month ending _____

HAVE YOU HELD A DISTRICT MEETING DURING THIS REPORTING PERIOD?

Yes No

IF YES, PLEASE COMPLETE THE FOLLOWING.

DATE OF MEETING _____ **LOCATION** _____

NUMBER OF MEMBERS PRESENT _____ **NUMBER OF GUESTS** _____

NUMBER OF AUXILIARIES REPRESENTED AT THIS MEETING _____

All District Meetings are School of Instruction and promotion of programs, with the exception of the District Convention. Check the following if they were presented and give highlights and/or comments on the back page.

- | | | |
|--|--|--|
| <input type="checkbox"/> Americanism | <input type="checkbox"/> Extension/Retention | <input type="checkbox"/> Hospital |
| <input type="checkbox"/> Legislation | <input type="checkbox"/> Membership | <input type="checkbox"/> Scholarship |
| <input type="checkbox"/> Youth Activities | <input type="checkbox"/> National Home/Buddy Poppy | <input type="checkbox"/> Mentoring for Leadership |
| <input type="checkbox"/> Veterans and Family Support | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Historian/Media Relations |

Please list any Auxiliary Meetings or functions attended and purpose for attending beginning with the date and include Auxiliary name and number if applicable:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

What activities are the Auxiliaries in your District participating in? Are they doing anything for Veterans, Fun & Family or Community Events: _____?

What upcoming events/programs are they working on: _____?

(Please use additional sheet if necessary)

Is any Auxiliary in your District having problems requiring attention? Yes _____ No _____

If yes: Auxiliary Name _____ Auxiliary No. _____

Please give details of the problems and your recommendations for solving them:

NOTE: These monthly reports are to be completed and sent not later than the fifth of the month following the report month (i.e. July report due August 15th, etc.)

Additional Comments:

Signature _____
(May be typed)

MAIL DIRECTLY TO THE FOLLOWING:

Send Original to: Karen Flynn ksf10@hotmail.com
1736 Bluegrass Lane
Wenatchee WA 98801

Copy to: Barbara Moore hestonmoore@msn.com
18422 126th Pl. SE
Renton WA 98058

Please retain a copy for District Records.