

HOSPITAL PROGRAM

2024 – 2025 Year-End Report

Linda Dilling, Department Chairman
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Reporting period: April 1, 2024, through March 31, 2025
Your District President must receive this report by **April 5, 2025**
Retain (1) copy for your Records.

1. Number of Auxiliary members that volunteered at any VA and/or non-VA medical facility.
(Auxiliary member to be counted one time only per year.) Total _____
2. Total number of hours that Auxiliary members volunteered at any VA and/or non-VA medical facility. Total _____
3. Total number of hours that Sponsored Volunteers and/or students volunteered under the VFW Auxiliary sponsorship and supervision at any VA and/or non-VA medical facility.
Total _____
4. Did your auxiliary host or co-host any activity with their VFW Post at any VA and / or non-VA medical facility. Yes ____ No ____
5. Total dollar amount spent on all Hospital Program related items and/or projects.
Total \$ _____
6. Total dollar amount donated through Department to VAVS Hospitals, Homes, Christmas Canteen Fund, and Department Hospital Fund. Total \$ _____
7. Number of "HUG's" (ponchos) made for VA and / or non-VA hospitals, nursing homes, and care facilities. Total _____

PLEASE PRINT CLEARLY!

President _____ Chairperson _____

Phone # _____ Phone # _____

Email _____ Email _____

Auxiliary Name _____ District # _____ Auxiliary # _____

VAVS Hospitals and Homes

The following are hospitals and homes that the Auxiliaries are asked to send donations into Department Headquarters for. **This may be done on ONE check!**

1	Butler VA Medical Center	\$ _____
2	Coatesville VA Medical Center	\$ _____
3	Corporal Michael J Crescenz VA Medical Center	\$ _____
4	Delaware Valley Veterans Home	\$ _____
5	Erie VA Medical Center	\$ _____
6	Gino J Merli Veterans Center	\$ _____
7	Hollidaysburg Veterans Home	\$ _____
8	James E VanZandt VA Medical Center	\$ _____
9	Lebanon VA Medical Center	\$ _____
10	PA Soldiers & Sailors Veterans Home	\$ _____
11	Pittsburgh VA Health System (HJ Heinz/Oakland)	\$ _____
12	Southeastern Veterans Center	\$ _____
13	Southwestern Veterans Center	\$ _____
14	Wilkes-Barre VA Medical Center	\$ _____
15	Allentown VA Outpatient Clinic	\$ _____

TOTAL DONATION AMOUNT \$ _____

Christmas Canteen Fund \$ _____

This must be RECEIVED BY 10/31 TO QUALIFY FOR ALL STATE!!!!

This fund is divided by the number of patients at that time.

DO NOT LIST A HOSPITAL FOR THIS FUND!

Department Hospital Fund \$ _____

This fund is distributed evenly to all of the facilities listed above.

Please send donations along with a check payable to:

Dept of PA VFWA
4002 Fenton Ave
Harrisburg, PA 17109