

## AMERICANISM

2024 – 2025 Year-End Report

Timothy L. Altman, Department Chairman  
160 Lakewood Road, New Castle, PA 16101  
724.944.9961 / dieman002@aol.com

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. Did your Auxiliary utilize any of the Americanism material/resources available on the National VFW Auxiliary website? Yes \_\_\_ No \_\_\_
2. Did your Auxiliary promote, participate, recognize any patriotic and/or branch of service birthdays? Yes \_\_\_ No \_\_\_ Attach a brief description of event.
3. Did your Auxiliary present/distribute American Flags? Yes \_\_\_ No \_\_\_ How many? \_\_\_  
(Must be 2x3 or larger.)
4. Did your Auxiliary present/distribute POW/MIA Flags? Yes \_\_\_ No \_\_\_ How many? \_\_\_  
(Must be 2x3 or larger.)
5. Number of Patriotic Appreciation citations, Certificates of Appreciation or Respect for the Flag Citations presented to citizens and/or businesses in recognition of them displaying the American Flag, POW/MIA, and/or other displays of American pride. \_\_\_\_\_
6. If there is anything else that is not listed above, please attach the information.

**PLEASE PRINT CLEARLY!**

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_



**DEPARTMENT OF PENNSYLVANIA  
VETERANS OF FOREIGN WARS  
AUXILIARY  
2024-2025 MONTHLY REPORT FORM**

AUXILIARY \_\_\_\_\_ DISTRICT \_\_\_\_\_ DATE \_\_\_\_\_

**AUXILIARY OUTREACH PROGRAM**  
*Auxiliary Members Volunteer Time with Another Organization  
with Projects/Programs to Benefit the Community*

RECORD:	ACTIVITY WITH NAME of ORGANIZATION	HOURS SPENT	NO. of PARTICIPATING AUX. MEMBERS
---------	---------------------------------------	----------------	--------------------------------------

**A. FIRST RESPONDERS – POLICE / FIRE / EMT – INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**YOUTH / EDUCATION - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**B. SENIOR CITIZENS / THOSE WITH DISABILITIES - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**C. HELP THE HUNGRY AND/OR HOMELESS - INCLUDE NAME OF ORGANIZATION AND ACTIVITY**

- |    |       |       |       |
|----|-------|-------|-------|
| 1. | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ |
| 5. | _____ | _____ | _____ |

**AUXILIARY OUTREACH**

Year End Report 2024-2025

Jency Mercado, Department Chairman

PO Box 624, Hyde, PA 16843

814.496.1712 / jencyvfw@gmail.com

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 Auxiliary records

1. Did you auxiliary partner with another organization not affiliated with the VFW or VFW Auxiliary. Yes \_\_\_\_\_ No \_\_\_\_\_
  
2. How many organizations did your auxiliary partner with during the year? \_\_\_\_\_
  
3. What is the number of combined member and/or Auxiliary hours volunteered with another organization (not affiliated with the VFW or the VFW Auxiliary)? \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

President \_\_\_\_\_ Chairperson \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Email \_\_\_\_\_ Email \_\_\_\_\_

Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

**“Buddy” Poppy & VFW National Home**

2024-2025 Year-End Report

Cindy Utter Peters – Department Chairman  
1075 South Kendall Ave.; Bradford, PA 16701  
814.598.7743/ imuttercin1@hotmail.com

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.

**VFW "Buddy" Poppy**

1. Did your Auxiliary utilize any of the “Buddy” Poppy material/resources available on the National VFW Auxiliary website? Yes \_\_\_\_\_ No \_\_\_\_\_
2. How many Poppy drives did your Auxiliary hold? With VFW Post \_\_\_\_\_ Without VFW Post \_\_\_\_\_
3. Number of combined “Buddy” Poppies that were distributed. # \_\_\_\_\_
4. Did your Auxiliary have an entry for the VFW “Buddy” Poppy” Display Contest? Yes \_\_\_\_\_ No \_\_\_\_\_

**VFW National Home**

1. Did your Auxiliary utilize any of the VFW National Home material/resources available on the National VFW Auxiliary website? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did your Auxiliary promote the VFW National Home? Yes \_\_\_\_\_ No \_\_\_\_\_
3. Did your Auxiliary promote the VFW National Home Helpline? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Did your Auxiliary purchase a VFW National Home Life Membership? Yes \_\_\_\_\_ No \_\_\_\_\_
5. Did your Auxiliary purchase at least one VFW National Home Tribute Brick? Yes \_\_\_\_\_ No \_\_\_\_\_ How many? \_\_\_\_\_
6. Did your Auxiliary donate to the Health and Happiness Fund Yes \_\_\_\_\_ No \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

## Historian & Media Relations

2024 – 2025 Year End Report  
Kristin M. DiGiacomo, Department Chairman  
418 Edmond Street, Pittsburgh, PA 15224  
412-867-0021 / k.digi@pitt.edu

Reporting Period: April 1, 2024, through March 31, 2025  
Your District President must receive this report by **April 5, 2025**

Retain one (1) copy for your Auxiliary records.

1. Did your Auxiliary send a communication quarterly to each of your members either via printed mail, phone call, text, or email? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If YES above:*** Please select all mediums used to communicate:  
Printed mail      Phone Call      Text      Email
2. Does your Auxiliary utilize social media? Yes \_\_\_\_\_ No \_\_\_\_\_  
***If YES:*** Please select all mediums used:  
Facebook      Instagram      TikTok      YouTube  
Pinterest      Snapchat      Threads      "X" (formerly Twitter)
3. Does your Auxiliary have a Facebook page (either separate or with the Post)?  
Yes \_\_\_\_\_ No \_\_\_\_\_
4. Does your Auxiliary have a website (other than Facebook) either separately or with the Post?  
Yes \_\_\_\_\_ No \_\_\_\_\_
5. Did your Auxiliary participate in one of the online Media Relations "how to" trainings?  
Yes \_\_\_\_\_ No \_\_\_\_\_
6. Is there anything else you'd like to add that hasn't already been asked?

### PLEASE PRINT CLEARLY!

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

## HOSPITAL PROGRAM

2024 – 2025 Year-End Report

Linda Dilling, Department Chairman  
411 E. Allegheny St., Martinsburg, PA 16662  
814-330-9391/vfwauxldilling@gmail.com

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

## VAVS Hospitals and Homes

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**TOTAL DONATION AMOUNT** \$ \_\_\_\_\_

Christmas Canteen Fund \$ \_\_\_\_\_

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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



**LEGISLATIVE PROGRAM**

2024-2025 Year-End Report

Karen Mooney Department Chairman  
81 Greenwood Drive, New Cumberland PA 17070  
717-580-3994 / karenmooneycpc@comcast.net

Reporting Period: April 1, 2024, through March 31, 2025  
Your District President must receive this report by **April 5, 2025**  
Retain one (1) copy for your records

1. Did your Auxiliary promote, participate and/or host activities regarding the VFW Priority Goals with or without their VFW? YES / NO
2. How many Auxiliary members corresponded with Legislators regarding Veteran’s issues by any means? (emails, letters, postcards, phone calls, etc.) \_\_\_\_\_
3. Number of Auxiliary members who attended events where they could interact with legislators. (Legislative conferences, town halls, meet and greets, etc.) \_\_\_\_\_
4. Number of Auxiliary members who assisted in National, State or local election activities? (Get out the vote, poll working, driving voters to polls, etc.) \_\_\_\_\_

**PLEASE PRINT CLEARLY!**

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

# PENNSYLVANIA ALL STATE AWARD FORM

FOR AUXILIARY PRESIDENTS AND TREASURERS

2024-2025

DISTRICT# \_\_\_\_\_ AUXILIARY# \_\_\_\_\_  
AUXILIARY NAME \_\_\_\_\_  
AUXILIARY PRESIDENT \_\_\_\_\_  
AUXILIARY TREASURER \_\_\_\_\_

**PLEASE PRINT CLEARLY**

**Please attach all documentation and submit it no later than May 6, 2025.**

Amy Peterson, 12 N. Bennett St, Bradford, PA 16701,  
or email to [thepetersons@breezeline.net](mailto:thepetersons@breezeline.net)

1. President & Treasurer bonded by **July 31, 2024. (NEW Date!)**
2. President, Treasurer and Secretary dues must be paid by **November 30, 2024.**
3. Current Membership is 100% Plus by **April 30, 2025.**
4. All Audits must be on file at Department Headquarters before **May 1, 2025.**
5. District Visit completed.
6. Voice of Democracy entry and/or donation to Dept PA VFWA, minimum \$10.00.
7. Patriot's Pen entry and/or donation to Dept of PA VFWA, minimum \$10.00.
8. Young American Creative Art entry and/or donation to Dept of PA VFWA, minimum \$10.00.
9. Health and Happiness donation to VFW National Home.  
(Payable through MALTA) (\$0.25 per member)
10. Donation to Dept of PA VFWA for Department President's Special Project, minimum \$10.00.
11. Buddy Poppy purchase from Dept of PA VFW (Minimum 100 poppies.)
12. Donation to Dept of PA VFWA for all 15 VA hospitals **AND** Department Hospital fund, minimum \$10.00 each.
13. Donation to Dept of PA VFWA for the Christmas Canteen fund, minimum \$10.00 donation. **(MUST BE RECEIVED AT Dept HQ by October 31, 2024)**
14. Auxiliary must be represented by one or more members at **EACH** District Meeting with Auxiliary President in attendance at least **ONE** District meeting.
15. Promoted **VFW Auxiliary QR Code** via newsletter/social media (Attach promo.)
16. Submit a "New Member Welcome Packet" **(Must be submitted by Nov 17, 2024)**

**\*To qualify for the All-State Award,  
ALL Auxiliary Obligations must be met by May 1, 2025.**

## SCHOLARSHIPS

Pam Sopher, Department Chairman  
110 South Kerr St. Titusville, PA. 16354  
814.516.5157 / pamauxdp@gmail.com

Reporting Period: April 1, 2024, through March 31, 2025  
Your District President must receive this report by **April 5, 2025**.  
Retain one (1) copy for your records.

### VFW SCHOLARSHIPS

1. Did your Auxiliary promote or conduct (or assist your Post with promoting/conducting) the National Patriot's Pen Contest? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did you Auxiliary promote or conduct (or assist your Post with promoting/conducting) the VFW National Voice of Democracy Audio Essay Contest? Yes \_\_\_\_\_ No \_\_\_\_\_

### RECOGNITION

1. Did your Auxiliary host or co-host an awards ceremony to recognize awardees and participants in any/all of the Scholarships contests (VOD, Patriot's Pen, Young American Creative Patriotic Art and/or 3-D Patriotic Art?) Yes \_\_\_\_\_ No \_\_\_\_\_
2. What was the total dollar amount and/or value of awards presented by your Auxiliary to all of your winners in the Scholarships Program: \$ \_\_\_\_\_
3. What was your best promotion for using the QR code? \_\_\_\_\_
4. Explain the benefits from establishing the QR code and unique ways it promoted the programs. \_\_\_\_\_

### PLEASE PRINT CLEARLY!

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

## VETERANS AND FAMILY SUPPORT

2024-2025 Year-End Report  
Stacey Miller, Department Chairman  
598 N Strickler Rd., Manheim PA 17545  
717.808.6444 / staceyauxiliary@gmail.com

Reporting Period: April 1, 2024, through March 31, 2025  
Your District President must receive this report by **April 5, 2025**

Retain (1) copy for Auxiliary Records.

1. Did your Auxiliary host, co-host, or promote any event(s) to raise awareness of Suicide and mental health for veterans, military and their families? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Did your Auxiliary host, co-host, or promote any event(s) to increase the support of veterans, activity-duty service members, and their families? Yes \_\_\_\_\_ No \_\_\_\_\_
  - a. Number of veterans, service members and/or their families assisted: \_\_\_\_\_
  - b. Total monetary donation and/or value of donations and goods / services provided to veterans, service members and/or their families
  - c. Describe the direct aid that you provided (examples: meals, transportation, cards, packages, donations, etc.)
3. Did your Auxiliary host, co-host, or promote any fundraising or activity(s) for the National Veterans Service? Yes \_\_\_\_\_ Amount Raised \_\_\_\_\_ No \_\_\_\_\_
4. Did your Auxiliary host, co-host, or promote fundraising or activity(s) for the VFW Veterans and Military Support Programs?
  - a. Military Assistance Program (MAP) - Yes \_\_\_\_\_ Amount Raised \_\_\_\_\_ No \_\_\_\_\_
  - b. Unmet Needs - Yes \_\_\_\_\_ Amount Raised \_\_\_\_\_ No \_\_\_\_\_
  - c. Sport Clips Help a Hero Scholarship - Yes \_\_\_\_\_ Amount Raised \_\_\_\_\_ No \_\_\_\_\_
  - d. Disaster relief - Yes \_\_\_\_\_ Amount Raised \_\_\_\_\_ No \_\_\_\_\_
5. Did your Auxiliary host or co-host an activity and/or event in support of veteran's families and their youth? Yes \_\_\_\_\_ No \_\_\_\_\_
6. Did your Auxiliary host or co-host an activity and/or event in support of veteran support organizations in your local community? Yes \_\_\_\_\_ No \_\_\_\_\_

**Note: All supporting documentation to include explanation of event and photos should be included as an attachment.**

### PLEASE PRINT CLEARLY!

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_

## YOUTH ACTIVITIES

Jeanna Leydic, Department Chairman  
576 Adamson Road, Creekside, PA 15732  
724.549.3705 / jeanna5326@gmail.com

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

### Youth Groups

1. Number of youth groups the Auxiliary worked with during the program year. \_\_\_\_\_
2. Number of youth that the Auxiliary worked with during the current program year. \_\_\_\_\_
3. Number of Youth Groups Supporting our Veterans Citations awarded by the Auxiliary this current program year. \_\_\_\_\_
4. Did your Auxiliary participate in Patriotism through Literacy? Yes \_\_\_\_\_ No \_\_\_\_\_
5. The number of books donated in participation of Patriotism through literacy. \_\_\_\_\_

### Illustrating America Art Contest

1. Did the Auxiliary promote the Illustrating America Art Contest? Yes \_\_\_\_\_ No \_\_\_\_\_
2. Number of students that submitted art entries to the Auxiliary for judging. \_\_\_\_\_
3. Did the Auxiliary host an awards ceremony to recognize awardees and participants of this contest? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Total dollar amount and/or value of awards presented by the Auxiliary for this contest.  
\$ \_\_\_\_\_

### PLEASE PRINT CLEARLY!

President \_\_\_\_\_ Chairperson \_\_\_\_\_  
Phone # \_\_\_\_\_ Phone # \_\_\_\_\_  
Email \_\_\_\_\_ Email \_\_\_\_\_  
Auxiliary Name \_\_\_\_\_ District # \_\_\_\_\_ Auxiliary # \_\_\_\_\_