

**HOSPITAL  
Mid Year Report**

MAIL THIS REPORT TO YOUR **DISTRICT PRESIDENT** by **DECEMBER 10,2011**  
DISTRICT PRESIDENT: MAIL TO **DEPT. CHAIRMAN** by **DECEMBER 20, 2011**

**"Going Above and Beyond the Call of Duty to Help Our Veterans"**

Auxiliary Name \_\_\_\_\_ Number \_\_\_\_\_ District \_\_\_\_\_

Auxiliary Members Only	# Vol In Hosp	# Hours Vol in Hosp	# Hours O/P hosp making items	Value of items donated	Value miles \$.14p/m
Patients Day In/Out VA Hospital /OPC	_____	_____	_____	_____	_____
Patients Day In/Out Nursing Homes	_____	_____	_____	_____	_____
Aux Tres –gifts/flowers/hosp pts	_____	_____	_____	_____	_____
Auxiliary-Students/Jr Girls	_____	_____	_____	_____	_____

Did your auxiliary participate in the hospital programs listed below?

Hospital Pledge	Yes _____	No _____	Amount? _____
Patients Day In/Out	Yes _____	No _____	
Hospitalized Veterans Writing Project	Yes _____	No _____	

**"Step Up-Never Leave A Veteran Behind"**

Auxiliary Chairman \_\_\_\_\_ Phone Number \_\_\_\_\_