

**VFW Military Assistance Program (MAP)
Family Support Post Report
(Due between April 1 – May 30 each year)**

Mail to: VFW MAP
VFW National Headquarters
406 W. 34th St., Ste. 902
Kansas City, MO 64111-
FAX: (816) 968-1149

Copy to: VFW Nevada MAP Chair
PO Box 637
Logandale, NV 89021
FAX: (702) 398-3901

PLEASE PRINT OR TYPE

VFW Information:

VFW/Ladies Auxiliary Unit: _____

VFW/Ladies Auxiliary Point of Contact: _____

Telephone number: _____ E-Mail address: _____

Post Home address: _____

Military Information:

Military Unit: _____

Military Unit Address: _____

Current Military Point of Contact: _____
(Commanding Officer or Lead NCO)

Point of Contact Telephone Number: _____

E-Mail (optional): _____

Is Unit Deployed?: Yes or No Where Deployed: _____

Activities conducted:
Check off and answer questions:

Conducted "Deployment" or "Welcome Home" Briefings/ Yes or No
Family Support Group Meetings:

What did you provide? _____

___ Applied and received MAP Sponsorship Funds. How much? _____

___ Applied and received MAP Emergency Relief Fund. How much? _____

___ Other Activities. Briefly Describe _____

Signature: _____

Date: _____