



ANNUAL REVIEW Statistics January to December 31, 2018

Auxiliary Full Legal Name: _____
Auxiliary Address: _____

Auxiliary Officers

Auxiliary President: _____
Phone No. () _____ E-mail: _____
Youth Volunteer Rep: _____
Phone No. () _____ E-mail: _____
Thrift Shop Name: _____
Address: _____
Auxiliary Website: _____
Auxiliary on Facebook: yes no

Auxiliary Membership and Hours

Auxiliary Members - All Adult Members: _____ Hours: _____
Auxiliary Youth Volunteers Members: _____ Hours: _____

Programs and services provided by your Auxiliary: (Please use an additional sheet if needed)

Auxiliary Healthcare Donations

Equipment purchases: \$ _____
Patient comfort items: + \$ _____

Bursaries/Scholarships

Number presented: _____ Value of each: \$ _____ + \$ _____
Other: Please describe: _____
_____ + \$ _____

Total Donated 2018: = \$ _____