



ANNUAL REVIEW Statistics January to December 31, 2019

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 2019: _____

= \$ _____

Please return these statistics and dues to:

BCAHA Secretary, 410 Summit Drive, Nanaimo, BC V9T 5R2