



## 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 with your dues and roster to your Area Director and*

*Mail to: BCAHA Secretary, Box 623, Revelstoke BC V0E 2S0*