

2018-2019 BUDDY POPPY REPORT FORM

The Post and Auxiliary Buddy Poppy Chairmen should determine criteria for Top Post and Auxiliary Promoter before the first campaign is held.

Post/Auxiliary Name, Number and District _____

Date of Campaign (if none held state "NONE") _____

Campaign held by Post _____ Auxiliary _____ Both _____ (CHECK ONE)

Did you promote you campaign? How? (Need more space - Use back of form)

No of Poppies ordered in 2018-2019 _____ No. used _____ Total Donations _____

No. of Poppy Cards ordered in 2018-2019 _____ No. used _____ Total Donations _____

REPORT OF WORKERS AND HOURS WORKED

<u>UNIT</u>	<u>No. of WORKERS</u>	<u>TOTAL HOURS</u>	<u>TOTAL DONATIONS</u>
Post	_____	_____	_____
Auxiliary	_____	_____	_____
Youth Groups	_____	_____	_____
All Others	_____	_____	_____

Other uses of the Buddy Poppy through out the year _____

TOP PROMOTER IN DOLLAR DONATIONS

Post: Name _____ Donations collected by individual _____

Address _____ City/State/Zip _____

Aux: Name _____ Address _____

City/State/Zip _____ Total Poppy Street Donations _____

Total Corporate Poppy Donations _____

PLEASE: Only report what each person actually collected. Do not combine any Buddy Poppy donations other than your own.

NOTE: This report is for VFW and Auxiliary. Chairman should keep an extra copy of this report for the year-end report because much of the same information will be needed.

Name, Address and title of person making this report _____

COMPLETE REPORT AND FORWARD TO DISTRICT CHAIRPERSONS. DISTRICT CHAIRPERSONS, PLEASE MAKE SURE ALL REPORTS ARE COMPLETE AND FORWARD TO DEPARTMENT CHAIRPERSONS NO LATER THAN April 30, 2018

**OR MAIL TO:
 VFW DEPARTMENT OF WISCONSIN
 ATTN: DEPARTMENT & AUXILIARY BUDDY
 POPPY CHAIRS
 P O BOX 6128
 MONONA, WI 53716-6128**