

PROGRAM: AUXILIARY EMERGENCY FUND

Unit Annual Narrative Report 2017-2018

Department of Wisconsin

Unit Number and Name _____ District _____

Unit City _____ Unit President's Name _____

Complete Address _____

Phone _____ Email _____

1. Does your unit promote the Auxiliary Emergency Fund at meetings and events? Yes No
2. How much did your unit donate to the Auxiliary Emergency Fund? \$ _____
3. Were there any applications for help from your Unit? Yes No
4. Describe your Unit's fundraising ideas for this program:

Please list any Auxiliary Emergency Fund activities, events and projects your Unit was involved in
(continue on the back or add a separate piece of paper if necessary).

Please Complete and Return by APRIL 13, 2018 to:

American Legion Auxiliary, Dept of Wisconsin
PO Box 140, Portage, WI 53901-0140