

PROGRAM: CAVALCADE OF MEMORIES

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 have a Cavalcade of Memories repository? Yes No
2. Does your Unit partner with a local museum, historical society or public library to display memorabilia? Yes No
3. Do you talk about your Cavalcade of Memories at community functions? Yes No
4. Is your Cavalcade of Memories available for public display? Yes No

Please list any Cavalcade of Memories 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