

PROGRAM: CHAPLAIN / MUSIC
Unit Annual Narrative Report 2018-2019
Department of Wisconsin

Unit Number and Name _____ District _____
Unit City _____ Unit President's Name _____
Complete Address _____
Phone _____ Email _____

1. How many unit members passed away during the past year? _____
2. Does your unit hold a Memorial Service for your deceased members? Yes No
3. Was your Charter draped for your deceased members? Yes No
4. Do you participate with the American Legion Family in observing:
Independence Day? Yes No
Memorial Day? Yes No
Veterans Day? Yes No

List Other Joint Events:

5. Do you incorporate Music with your unit meetings and events? Yes No
6. Do you send prayers for Department President Char's Prayer Book? Yes No
7. How does your unit provide emotional and spiritual support for our American Legion Family members?

Please list any Chaplain/Music 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 MAY 1, 2019 to:

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