## PROGRAM: <u>VA&R</u>

## Unit Annual Narrative Report 2018-2019 Department of Wisconsin

Ur	nit Number and Name		D	istrict
Unit City		Unit President's Name	_	
Co	omplete Address			
Phone		Email		
1.	Their hours are recorded at the	members who volunteer at a VA Faci he facility. Check with your Rep for to volunteer work is done	otals if unknown.	
	Number of Volunteers recruited (to volunteer at VA facility):			
	# Regularly Scheduled Volu	inteers		
	# Non-Affiliated Volunteers	3		
	# Occasional Volunteers			
	# VolunTeens			
2.	<b>Total Number of Volunteer H</b>	ours at a VA Facility by your Unit:		
	Hours accumulate from year to Total Number of Service to Vet	•		
4.	Amount donated to the Veteran	s Creative Arts Festival:	\$	
5.	Amount donated to Camp Amer	rican Legion:	\$	
6.	Amount donated to Christmas C	Gift Shop:	\$	
7.	Amount donated to Homeless F	emale Veterans Grant Fund:	<u>\$</u>	
8.	Amount donated to Fisher House	se:	\$	
9.	Amount donated to VA Medica	l Facilities and Veterans Homes:	<u>\$</u>	
10	. Did your Unit remember Vetera	nns with cards?	☐ Yes ☐ No	
11	. Did your Unit participate in the	Quilts of Valor?	☐ Yes ☐ No	
	If so, how many quilts were	made?		
12	. Did your Unit participate in the	Elizabeth Dole caregiver support found	ation? Yes No	
(co	•	events and projects your Unit was invected of paper if necessary). Questions 11 & 1 as not done so, check NO.		th those

Please Complete and Return by <u>APRIL 15, 2019</u> to: American Legion Auxiliary, Dept of Wisconsin PO Box 140, Portage, WI 53901-0140