

PROGRAM: VA&R – SERVICE TO VETERANS

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. Did your Unit report Service to Veterans hours to the Department Chairman and request hour bars in recognition of this service? Yes No
2. How many Senior members participated in Service to Veterans: _____
How many hours were volunteered in support of Service to Veterans: _____
3. How many Junior members participated in Service to Veterans: _____
How many hours were volunteered in support of Service to Veterans: _____
4. Describe how your Unit promotes the Service to Veterans program:

Please list any Service to Veterans 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 15, 2019 to:

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