

PROGRAM: AUXILIARY EMERGENCY FUND

Unit Annual Narrative Report 2023-2024

Department of Wisconsin

Submit to Department Headquarters by 4/15/24 only if you participated in any of these activities:

Unit # _____ District # _____

Name/Title (of person completing form) _____

Email Address _____ Phone: _____

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

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

Please complete and return by APRIL 15, 2024 to:

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