PROGRAM: ALA BADGER GIRLS STATE (ALABGS)

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How many delegates does the unit sponsor? _____
2. Does the unit have contributors? ☐ Yes ☐ No
   If so, who? _____
   If so, how much did contributors donate? $_____
3. Does the unit make personal contact with the school? ☐ Yes ☐ No
   If so, who do you meet with (principal, counselor, teacher)? _____
4. Does the unit invite its delegate(s) to watch the online orientation? ☐ Yes ☐ No
5. Does the unit invite its delegate(s) to give a report to the unit? ☐ Yes ☐ No
   If so, at what type of function (meeting, event)? _____
6. Does the unit provide transportation for the delegate(s) to ALABGS? ☐ Yes ☐ No
   If so, how much does the unit contribute for cost of transportation? $_____
7. Does the unit publicize or promote ALABGS in the community? ☐ Yes ☐ No
   If so, how? _____
   _____
8. What is the total number of hours spent on ALABGS? _____
9. How many members volunteer? _____
10. How does the unit recruit ALABGS delegates/alternates for membership? _____
    _____
11. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

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_____

Please complete and return by APRIL 15, 2027 to: alabgs.chairman@gmail.com or mail to:
Dany Thompson, 2560 New Town Drive #120, Sun Prairie WI 53590

PROGRAM: AMERICANISM

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Does the unit sponsor the Americanism Essay Contest? ☐ Yes ☐ No
   If so, how many Americanism Essay Entries did the unit receive? _____
2. How many students did the unit sponsor in the Oratorical Contest? _____
3. How many flag programs did the unit provide, including flag retirement ceremonies? _____
4. How many "I Spy Stars & Stripes" certificates were awarded to local businesses? _____
5. How many "I Spy, You Fly" door hangers were distributed in local neighborhoods? _____
6. How many unit members worked local elections? _____
7. Does the unit promote Junior Shooting Sports? ☐ Yes ☐ No
8. Does the unit support American Legion Baseball/Softball? ☐ Yes ☐ No
9. Did the unit promote "Star Spangled Kids?" ☐ Yes ☐ No
   If so, describe how (continue on back/add separate piece of paper if needed)

   _____

   _____

10. How did the unit promote patriotic holidays? (continue on back/add separate piece of paper if needed)

    _____

    _____

11. How did the unit encourage support of the flag amendment? (continue on back/add separate piece of paper if needed)

    _____

    _____

12. How did the unit promote Americanism in the community? (continue on back/add separate piece of paper if needed)

    _____

    _____

13. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program?
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

Please complete and return by APRIL 15, 2027 to: deloreswoolf@gmail.com or mail to:
Dee Woolf, 390 South Court Street, Platteville WI 53818

PROGRAM: AUXILIARY EMERGENCY FUND

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How much did the unit donate to the Auxiliary Emergency Fund? $ _____
2. Does the unit promote the Auxiliary Emergency Fund at meetings and events? ☐ Yes ☐ No
3. How much did the unit donate to the Auxiliary Emergency Fund? $ _____
   a. If so, how many applied for a Disaster Grant? _____
   b. If so, how many applied for a Hardship Grant? _____
4. Did the unit provide emergency assistance directly to members within your Legion family? If so, please describe type of assistance provided below: ☐ Yes ☐ No
5. Describe the unit's fundraising ideas for this program:

_____

_____

_____

_____

_____

6. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

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Please complete and return by APRIL 15, 2027 to: deptsec@amlegionauxwi.org or mail to:

ALA Department HQ, Bonnie Dorniak, PO Box 140, Portage WI 53901

PROGRAM: CHAPLAIN / MUSIC

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How many unit members passed away during the past year? _____
2. Did the unit hold a Memorial Service for deceased members? ☐ Yes ☐ No
3. Was the Charter draped for deceased members? ☐ Yes ☐ No
4. Did the unit do opening/closing prayers at meetings? ☐ Yes ☐ No
5. Did the unit send cards to members? ☐ Yes ☐ No
6. Did the unit visit shut-ins? ☐ Yes ☐ No
7. Did the unit join the Department Facebook page? ☐ Yes ☐ No
8. Did the unit participate in National Day of Prayer ☐ Yes ☐ No
9. Does the unit incorporate Music with unit meetings and events? ☐ Yes ☐ No
   If yes, what songs? _____
   _____
10. Did the unit send prayers for the Department President's Prayer Book? ☐ Yes ☐ No
11. Did the unit submit a Prayer Book for judging? ☐ Yes ☐ No
12. How does the unit provide emotional and spiritual support for American Legion Family members?
    _____
    _____
    _____
    _____
13. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

_____

Please complete and return by APRIL 15, 2027 to: djensen20@gmail.com or mail to:
Donna Jensen, 6936 N 86th Street, Milwaukee WI 53224

PROGRAM: CHILDREN & YOUTH

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did the Unit promote Youth Hero Awards? If awarded, # presented _____ ☐ Yes ☐ No
2. Did the Unit promote Good Deed Awards? If awarded, # presented _____ ☐ Yes ☐ No
3. Did the Unit promote Youth Caregiver Certificates? If awarded, # presented _____ ☐ Yes ☐ No
4. Did the Unit donate to the S.A.L. A.L.F. program? If yes, $_____ ☐ Yes ☐ No
5. Did the Unit support "Kids of Deployed Are Heroes 2?" If so, describe how: ☐ Yes ☐ No

_____

_____

_____

6. Did the Unit protect, care for and support military children and youth? If so, how? ☐ Yes ☐ No

_____

_____

_____

7. Did the Unit participate in the following? **M**onth of the **M**ilitary **C**hild, **Purple Up!**, Children's Table? If so, how? ☐ Yes ☐ No

MMC _____

_____

_____

Purple Up! _____

_____

_____

Presentation of Children's Table Ceremony ☐ Yes ☐ No

8. Did the Unit support homeless veterans' children? If so, how? ☐ Yes ☐ No

_____

_____

_____

9. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper).

Please complete and return by APRIL 15, 2027 to: mmrtpetrie@charter.net or mail to:
Mary Petrie, 808 E Cady Street, Watertown, WI 53094

PROGRAM: COMMUNITY SERVICE

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How many unit members participated in Community Service activities/projects? _____
2. How many hours were volunteered in support of Community Service activities/projects? _____
3. How much money was spent on Community Service activities/projects? $ _____
4. What was the value of in-kind donations received? $ _____
5. Did the unit invite other organizations to join in Community Service Projects? ☐ Yes ☐ No
6. Did the unit invite student volunteers to join in Community Service Projects? ☐ Yes ☐ No
   If so, how many students volunteered? _____
7. Do unit members help other organizations at their events? ☐ Yes ☐ No
   What organization did you partner with? _____
   _____
8. Do unit members wear ALA branded attire at Community Service Events? ☐ Yes ☐ No
9. How many unit members participated in the following ALA suggested days of service?
   - 9-11 National Day of Service and Remembrance (Sept 11) _____
   - Make a Difference Day (fourth Saturday of October) _____
   - Veterans Day (Nov 11) _____
   - Martin Luther King Jr. Day of Service (third Monday of January) _____
   - National Volunteer Week (the third week in April) _____
   - American Legion Family Day (last Saturday of April) _____
   - National Night Out _____
10. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

_____

Please complete and return by APRIL 15, 2027 to: clarenceandbecky@aol.com or mail to:
Becky Mueller, N7737 Miller Road, Black Creek WI 54106

PROGRAM: CONSTITUTION & BYLAWS

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (____) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Constitution & Bylaws review (✓ check one)

   ____ Annually _____ Biennially _____ Occasionally ____ Never

   a. Date of latest Constitution & Bylaws revision _____
2. Updated Constitution & Bylaws to:
   a. 2026 eligibility requirements? ☐ Yes ☐ No
   b. 2026 revisions approved at Department Convention ☐ Yes ☐ No
3. Update Preamble wording from "the Great Wars" to "all wars"? ☐ Yes ☐ No
4. Update Mission and Vision Statements ☐ Yes ☐ No
5. Need assistance revising Constitution & Bylaws ☐ Yes ☐ No
6. Are Constitution & Bylaws reviewed for compliance with National and Department documents ☐ Yes ☐ No
7. Does the unit have a Parliamentarian? ☐ Yes ☐ No
   a. Is correct Parliamentary Procedure used at meetings ☐ Yes ☐ No
8. Own a copy of
   a. Robert's Rules of Order, Newly Revised, 12th Edition ☐ Yes ☐ No
   b. Robert's Rules in Brief, 2nd Edition ☐ Yes ☐ No
9. Interested in learning proper/better Parliamentary Procedure ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

_____

_____

_____

_____

Please complete and return by APRIL 15, 2027 to: dsirovina@icloud.com or mail to:

Diana Sirovina, 9428 W. Eden Place, Milwaukee WI 53228

PROGRAM: EDUCATION

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Does the unit promote American Education Week? ☐ Yes ☐ No
2. Does the unit promote Teacher Appreciation Week? ☐ Yes ☐ No
   If so, describe how: _____
   _____
3. Does the unit participate in the "Give 20 to Education" project? ☐ Yes ☐ No
   If so, how many schools did you support? _____
4. Did unit members volunteer in schools/libraries? ☐ Yes ☐ No
   If so, list activities members volunteered for _____
   _____
5. Does the unit participate in "Veterans in Community Schools"? ☐ Yes ☐ No
   If so, how many schools/libraries did you support? _____ _____
   If so, how many veterans participated? _____
6. Did the Unit donate to the M. Louise Wilson Educational Loan Fund? ☐ Yes ☐ No
7. Does the unit promote the M. Louise Wilson Educational Loan Fund to eligible members? ☐ Yes ☐ No
   If so, describe how: _____
   _____
8. Does the unit provide assistance to students in need? ☐ Yes ☐ No
   If so, describe how: _____
   _____
9. Does the **unit** offer scholarships? ☐ Yes ☐ No
   If so, how many scholarships? _____
   If so, what was the total value of scholarships awarded? $_____
   How many scholarship applications were received by the unit? _____
   How did the unit recognize scholarship winners? _____
   _____
10. Does the unit support veterans' associations on campus? ☐ Yes ☐ No
    If so, describe how you help: _____
    _____
11. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper).

Please complete and return by APRIL 15, 2027 to suekeyzers.ala@gmail.com or mail to:
Sue Keyzers, 1025 N Main Street, Seymour WI 54165

PROGRAM: HISTORIAN

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did the unit submit a History book for competition? ☐ Yes ☐ No
2. Did the unit prepare a History book for its own records? ☐ Yes ☐ No
3. Did the unit participate in the Veterans History Project? ☐ Yes ☐ No
   a. If so, how many were completed. _____
4. Did the unit participate in "Members Remember" video history project? ☐ Yes ☐ No
   a. If so, how many were completed. _____
5. Did the unit celebrate Women's History Month? ☐ Yes ☐ No
6. Did the unit submit at least one event with pictures to the Department Historian? ☐ Yes ☐ No
7. Have any unit members joined the Historian's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program?

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

Please complete and return by APRIL 15, 2027 to: smack0555@gmail.com or mail to:

Sandy Mack, 1204 Wisconsin Street, Adell WI 53001

PROGRAM: JUNIOR ACTIVITIES

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did the unit organize a new Junior Group this year? ☐ Yes ☐ No
2. Number of Junior members in the unit: _____
3. Number of **active** Junior members in the unit: _____
4. Did Juniors work on the Patch Program? ☐ Yes ☐ No
5. How many patches were achieved? _____
6. Number of Juniors taking ALA Juniors E-Learning Course through the ALA Academy: _____
7. Number of Juniors attending District Conferences: _____
8. Number of Juniors attending Department Conferences/Convention: _____
9. Number of Juniors attending National Conferences/Convention: _____
10. Did the unit recommend qualified member(s) to apply for the national Junior Auxiliary Loyalty Scholarship? ☐ Yes ☐ No
11. What is the dollar amount of donations made by Juniors? $_____
12. How many volunteer hours were performed by Juniors? _____
13. How many Juniors were involved in various service projects? _____

    Describe service projects: _____

    _____

14. Describe types of activities at meetings (continue on the back or add a separate piece of paper if necessary)

    _____

    _____

15. What types of awards are given to Juniors in the unit? (continue on back or add a separate paper if necessary)

    _____

    _____

16. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper).

Please complete and return by APRIL 15, 2027 to: cmj102@aol.com or mail to:
Christine Johnsen, 159991 Granite Road, Wausau WI 54403

PROGRAM: LEADERSHIP

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did the unit nominate a Unit Member of the Year? ☐ Yes ☐ No
   If so, name of nominee: _____
2. How many members took the ALA Academy courses? _____
3. How many members took A Wisconsin American Legion College course? _____
4. Did the unit use Roberts Rules, Red Book, CBL, and standing rules at meetings? ☐ Yes ☐ No
5. Did the unit host a Leadership Workshop by the Leadership Committee? ☐ Yes ☐ No
6. Did the unit host a training session to develop members' leadership skills? ☐ Yes ☐ No
   If so, what topics or presentations were included?

   _____

   _____
7. Did the unit create mentor relationships between senior and newer members? ☐ Yes ☐ No
8. How many members attended County Meetings? _____
9. How many members attended District Meetings? _____
10. How many members attended Department Conventions and Meetings? _____
11. How many members attended an ALA in the Know Regional Conference? _____
12. How many members attended National mission training? _____
    a. At what location? _____
13. How many members attended the Mid-Winter ALA Session? _____
    a. How did you share the information learned? _____

    _____
14. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

_____

Please complete and return by APRIL 15, 2027 to: bobshap@aol.com or mail to:
Bob Shappell, 4520 Pioneer Road, Cedarburg WI 53012

PROGRAM: LEGISLATIVE

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Does the unit hold a special Legislative Program? ☐ Yes ☐ No

   If so, please describe: _____

   _____

   _____

2. Does the unit support the Legislative program and have a Legislative chairperson? ☐ Yes ☐ No

   If so, please describe: _____

   _____

   _____

3. Do you encourage unit members to sign up for grassroots alerts? ☐ Yes ☐ No
   a. Number of items sent? (grassroots program keeps count) _____

4. Do you have Legislative Facebook or list of legislative items needing support on your Facebook page? ☐ Yes ☐ No

5. Please describe the Legislative activities (town hall meetings, legislative receptions) that members attend in their communities and/or suggestions to improve these activities: (continue on back if necessary)

   _____

   _____

6. Describe the methods used to develop relationships with elected officials: (continue on back if necessary)

   _____

   _____

7. Please describe how members communicate the legislative priorities of The American Legion in the community: (continue on back if necessary)

   _____

   _____

8. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

Please complete and return by APRIL 15, 2027 to: genesuehem@wi.rr.com or mail to:
Sue Hembrook, 24215 60th Street, Salem WI 53168

PROGRAM: MEMBERSHIP

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did your Unit sign your District President/District Membership team passport? ☐ Yes ☐ No
2. How many CARRY ON awards did your Unit received? _____
3. How many FREQUENT FLYER award did your Unit receive? _____
4. How many RECRUIT/REJOIN 10 award did your Unit receive? _____
5. Did your unit have a membership table at unit sponsored events? ☐ Yes ☐ No
   If yes, please send a digital picture (JPG format).
6. Did the unit provide "New Member Packets"? ☐ Yes ☐ No
   If so, how many: _____
7. Did working the ALA programs help recruit new member? ☐ Yes ☐ No
8. How many male spouses of veterans joined the ALA this year? _____
9. How many other new members joined this year? _____
10. How did the unit attract new members? (If necessary, continue on separate sheet)

    _____

11. Describe any new/innovative ideas or practices the unit used to increase renewals or recruit new members: (If necessary, continue on separate sheet) Include action pictures

    _____

12. Were your unit or members able to assist other units with new members? Mentor? ☐ Yes ☐ No
    If yes, which units were assisted? ie: transfers or recruited for another unit (If necessary, continue on separate sheet)

    _____

13. Did your unit/members participate in Membership discussions, with your post, county or district? ☐ Yes ☐ No
    Please describe results and any take-away ideas. (If necessary, continue on separate sheet)

    _____

14. How often did your unit make GC-Calls to its members? (If necessary, continue on separate sheet)

    _____

15. Did the unit use communication, social media, goodwill and/or program delivery to build membership? ☐ Yes ☐ No
    If so, how? (If necessary, continue on separate sheet) pictures if possible

    _____

16. Have any unit members joined this program's Department Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper).

Please complete and return by APRIL 15, 2027 to: bstone.wiala@gmail.com or mail to:
Betty Stone, W5684 Main Street, Sheldon WI 54766

PROGRAM: NATIONAL SECURITY

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (____)_____ Email Address_____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did the Unit nominate a Service Member of the Year? ☐ Yes ☐ No

   If YES, provide name of nominee and branch of service _____

   _____

2. Did the unit recognize graduating students entering military service? ☐ Yes ☐ No

   If YES, Number recognized: (*Examples: Graduation cords, Recognition banquet, Scholarship)* _____

3. Did the unit support military-serving organizations? ☐ Yes ☐ No

   Check all that apply: ☐ Fisher House ☐ USO ☐ Operation Homefront

   ☐ Quilts of Valor ☐ Other _____

4. Did the unit support law enforcement, first responders, or community safety initiatives? ☐ Yes ☐ No
5. Did the unit participate in National Military Appreciation Month activities? ☐ Yes ☐ No

   Examples: Memorial Day, Armed Forces Day, Military Spouse Appreciation Day
6. Did the unit conduct or participate in POW/MIA awareness activities? ☐ Yes ☐ No
7. Did the unit support military employment/job fairs? ☐ Yes ☐ No
8. Did the unit support military families through Family Readiness Groups, family assistance programs, or similar efforts? ☐ Yes ☐ No
9. Did the unit participate in military deployment send-offs or welcome home events? ☐ Yes ☐ No
10. Did your unit present any Gold Star or Blue Star Banners? ☐ Yes ☐ No
11. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Activity	Donation $	Volunteer Hours	# of Volunteers

Provide details and examples of the activities your unit has participated in mentioned above.
(Not to exceed 1000 words. Continue on a separate piece of paper).

Please complete and return by APRIL 15, 2027 to: kinggenovesi@gmail.com or mail to:
ALA Department HQ, Natalia Genovesi King, PO Box 140, Portage WI 53901

PROGRAM: PAST PRESIDENTS PARLEY

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How many PPP members paid PPP dues to department? _____
2. Did the unit contribute to the department PPP scholarships? ☐ Yes ☐ No

   If so, how much? $_____
3. Did the unit nominate a Mentor of the Year? ☐ Yes ☐ No

   If so, provide name of person nominated: _____
4. Do past unit presidents mentor and support current unit officers? ☐ Yes ☐ No
5. Do past unit presidents do any training at meetings? ☐ Yes ☐ No
6. Does the unit have an active Past Presidents Parley? ☐ Yes ☐ No
7. Does the unit have a Cavalcade of Memories repository? ☐ Yes ☐ No
8. Does the unit partner with local museum, historical societies or public library to display memorabilia? ☐ Yes ☐ No
9. Does the unit talk about its Cavalcade of Memories at community functions? ☐ Yes ☐ No
10. Is the Cavalcade of Memories available for public display? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

_____

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_____

_____

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_____

Please complete and return by APRIL 15, 2027 to: lindacoppock@sbcglobal.net or mail to:

Linda Coppock, N3894 Loss Road, Weyauwega WI 54983

PROGRAM: POPPY

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Does the unit distribute poppies for donations? ☐ Yes ☐ No
   a. If so, how often does the unit distribute poppies? _____
2. How many poppies were purchased? _____
3. Does the unit distribute poppies for PR/branding purposes? ☐ Yes ☐ No
4. Describe how the unit promotes the Poppy Program year-round?
   (continue on separate piece of paper if necessary)

_____

_____

_____

5. How did the unit increase poppy revenue? (continue on separate piece of paper if necessary)

_____

_____

6. Does the unit promote the Poppy Poster contest? ☐ Yes ☐ No
   If so, how many posters were received? _____
7. Does the unit promote the National Poppy Ambassador contest? ☐ Yes ☐ No
   If so, how many young girls participated? _____
   Describe how the unit promotes the National Poppy Ambassador contest.
   (continue on separate piece of paper if necessary)

_____

_____

8. Describe unique poppy usage ideas the unit tried.

_____

_____

9. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

_____

Please complete and return by APRIL 15, 2027 to: pjw1975@ymail.com or mail to:
Patti Westpfahl, W2065 Northwest Road, Green Lake WI 54941

PROGRAM: PUBLIC RELATIONS

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Does the unit have a website? ☐ Yes ☐ No
   If yes, web address: _____
2. Does the unit use Facebook to promote unit activities? ☐ Yes ☐ No
   If yes, what is the name of the Facebook page? _____
3. Does the unit follow/share the department Facebook page? ☐ Yes ☐ No
4. Does the unit keep an active and updated media contact list? ☐ Yes ☐ No
   a. How has this list impacted working relations with the local media?

   _____

   _____

   _____
5. Does the unit have a newsletter? ☐ Yes ☐ No
   How is it distributed? ☐ Email ☐ US Mail ☐ at meeting
   Is it a joint publication with the Legion Family? ☐ Yes ☐ No
   How many times a year is it published? _____
6. Did any of your members attend a Zoom Chat? ☐ Yes ☐ No
7. Describe how members participated in branding opportunities by wearing and promoting ALA apparel and logos, not at an ALA event. (continue on a separate piece of paper if necessary)

   _____

   _____

   _____
8. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.
(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

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Please complete and return by APRIL 15, 2027 to: kareuter19@gmail.com or mail to:
Kristy Wakeman, 450 Union Street, Rio WI 53960

PROGRAM: STANDING RULES

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How often do the members review the unit's Standing Rules? _____
2. When were the unit's Standing Rules last updated? _____
3. Were the unit's Standing Rules reviewed by the Department Standing Rules Chair? ☐ Yes ☐ No
4. Is the latest version of the Unit's Standing Rules on file at Department Headquarters? ☐ Yes ☐ No
   If not (or not sure), please attach the latest version to this report.

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

Please complete and return by APRIL 15, 2027 to: jomaried@gmail.com or mail to:
Joanie Dickerson, PO Box 224, Bagley WI 53801

PROGRAM: VETERANS AFFAIRS & REHABILITATION (VA&R)

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. How many unit members volunteered at non-VA facilities to assist Veterans? _____
   (i.e. Hospitals, senior living facilities)
2. Did unit members supply gifts or donate items to Veterans? ☐ Yes ☐ No
   a. If so, list items and their amounts (use separate piece of paper if necessary)

   _____

   _____
3. What was the cost from the Unit / member? $ _____
4. Were funds sent to Department for President's special project? ☐ Yes ☐ No
5. How much was donated by the Unit to a local hub or the Department directly? $ _____
6. Which hub? _____
7. How many members were Guardians? _____
8. How many members went to airports for the send-off/return? _____
9. How many cards/letters were made for Veteran 'mail call'? _____
10. How many Veterans were assisted in signing up for a flight? _____
11. Did the Unit work the Wreaths Across America program? ☐ Yes ☐ No
12. How many cemeteries? _____
13. How many Veteran graves received a wreaths? _____
14. Unit members who volunteer at a **Community Based Outpatient Clinic**: _____

    CBOC hours are not recorded through the VA - If applicable, complete a-c fields
    a. Location(s) _____
    b. Number of Volunteers _____
    c. Number of Hours _____
15. Amount donated to the Veterans Creative Arts Festival: $ _____
16. Amount donated to Camp American Legion: $ _____
17. Amount donated to Christmas Gift Shop: $ _____
18. Amount donated to Fisher House: $ _____
19. Amount donated to VA Medical Facilities and Veterans Homes: $ _____
20. Did your Unit remember Veterans with cards? ☐ Yes ☐ No
21. Have any unit members joined this program's National Facebook group? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper).

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Please complete and return by APRIL 15, 2027 to: pj_deptauxwi@yahoo.com or mail to:

ALA Dept HQ, PJ Stephens, PO Box 140, Portage WI 53901

PROGRAM: (VA&R) DIRECTOR OF HOSPITAL VOLUNTEERS

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this Initiative? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did unit members volunteer at VA facilities or State Veteran Homes? ☐ Yes ☐ No
   a. Number of unit member volunteers at VA facilities or State Veteran Homes? _____
2. Did your unit donate funds to VA facilities or State Veteran Homes? ☐ Yes ☐ No
   a. Amount donated _____
3. Did your unit make in-kind donations to a VA facility or State Veteran Home? ☐ Yes ☐ No
4. List some of the in-kind donations made by the Unit.

_____

_____

_____

_____

_____

5. Did the unit reach out to Veterans housed in a private facility? ☐ Yes ☐ No
6. Did the unit provide meals or entertainment for Veterans in the community? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this initiative.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

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Please complete and return by APRIL 15, 2027 to: genesuehem@wi.rr.com or mail to:

Sue Hembrook, 24215 60th Street, Salem WI 53168

PROGRAM: (VA&R) HOMELESS WOMEN VETERANS GRANT FUND

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

1. Did your unit donate to the Homeless Women Veterans Grant Fund? ☐ Yes ☐ No
   a. Amount of donation: $_____.
2. Did the unit educate members about the Homeless Women Veterans Grant Fund? ☐ Yes ☐ No
3. Does the unit work with their **C**ounty **V**eteran **S**ervice **O**fficers? ☐ Yes ☐ No

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

Please complete and return by APRIL 15, 2027 to: maggie4ala@gmail.com or mail to:

Maggie Geiger, 155 Green Bay Road, Cedarburg WI 53012

PROGRAM: (VA&R) SERVICE TO VETERANS

Unit Annual Program Report 2026-2027

American Legion Auxiliary, Department of Wisconsin

Submit by 4/15/27

Unit # _____ District # _____ Unit Name & City _____

Name & Title of person completing form _____

Phone # (___) _____ Email Address _____

Did the Unit work this program? ☐ Yes ☐ No

If Yes, continue to the next question. If No, Thank you for reporting.

The *Service to Veterans* program focuses on direct service to any veteran not in a VA medical center and who is not related to the member providing the service.

1. How many Senior and/or Junior members participated in *Service to Veterans*? _____
2. How many Senior and/or Junior member hours were volunteered in support of *Service to Veterans*? _____
3. Were in-kind donations given to the veteran or service member? ☐ Yes ☐ No
   Value of donation. $ _____
4. Did the unit submit *Service to Veterans* Award Entry form to Department Headquarters and request hour bars in recognition of this service? ☐ Yes ☐ No
5. Describe how the unit promotes the Service to Veterans program.

   _____

   _____

   _____
6. Did your Unit participate in the Quilts of Valor? ☐ Yes ☐ No
7. How many quilts were made? _____
8. Did the unit honor any caregivers? If so, how did the unit honor caregivers? ☐ Yes ☐ No

   _____

   _____

   _____

Provide details/examples about activities your unit has done to promote this program.

(Not to exceed 1000 words. Continue on a separate piece of paper if necessary).

_____

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Please complete and return by APRIL 15, 2027 to: teresa.steinke_cmx@yahoo.com or mail to:

Teresa Steinke, 141 Rolling Hills Drive, Augusta WI 54722