

**PROGRAM: AUXILIARY EMERGENCY FUND**

Unit Annual Narrative Report 2024-2025

Department of Wisconsin

**Submit to Department Headquarters by 4/15/25 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, 2025 to:**

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