

PROGRAM: AUXILIARY EMERGENCY FUND

Unit Annual Narrative Report 2021-2022

Department of Wisconsin

(If the unit has nothing to report for this program, please write the Unit & District # on top and return the blank form to Headquarters.)

Unit Number and Name _____ District _____

Unit City _____ Unit President's Name _____

Complete Address _____

Phone _____ Email _____

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, 2022 to:

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