

**American Legion Auxiliary  
Unit Annual Report  
Children & Youth  
2018-2019**

**Due by April 15, 2019**

**Mail to:** \_\_\_\_\_

**District Chairman (Refer to your District Directory)**

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Or Email to:** \_\_\_\_\_

**Unit Number:** \_\_\_\_\_ **District Number:** \_\_\_\_\_

**Unit Chairman:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_ **E-mail:** \_\_\_\_\_

1. Did your Unit Promote Children's Mental Health Awareness? \_\_\_\_\_

2. Did your Unit Conduct a "Kids of Deployed Are Heroes 2" Program? \_\_\_\_\_

3. Did your Unit Reach Out To Military Children & Youth? \_\_\_\_\_

4. Did your Unit host a program or dinner bringing Military & Non Military Families together? \_\_\_\_\_ Explain what you did:

5. Did your Unit Sponsor a Military Family in need? \_\_\_\_\_ Explain what you did:

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Total 1 – 5

Hours Volunteered \_\_\_\_\_

Dollars Spent \_\_\_\_\_

Number of Military – Veterans Children Served \_\_\_\_\_

6. Did your Unit Promote "Star Spangled Kids"? \_\_\_\_\_ Explain what you did: \_\_\_\_\_

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7. Did your Unit Promote Halloween Safety – Trick or Treating? \_\_\_\_\_

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8. Did your Unit Promote April Children & Youth Month Activities? \_\_\_\_\_

Explain Activities: \_\_\_\_\_

Hours Volunteered \_\_\_\_\_ Dollars Spent \_\_\_\_\_

Number of Children Served \_\_\_\_\_

9. Total number of Pounds of Pop Tabs Collected \_\_\_\_\_

Total monies from Pop Tabs \_\_\_\_\_

10. Did your Unit Submit a Nominee for:

Youth Hero Award \_\_\_\_\_ Good Deed Award \_\_\_\_\_

Contributions Made to:

National American Legion Child Welfare Foundation \$ \_\_\_\_\_

How were monies raised? \_\_\_\_\_

Lutheran Children's Hospital in Ft. Wayne, IN, (units under 250 members) \$ \_\_\_\_\_

Lutheran Children's Hospital in Ft. Wayne, IN, (units over 250 members) \$ \_\_\_\_\_

Other Children's Charitable Organization \_\_\_\_\_

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Did your Unit Submit a Narrative on your overall Program for Children & Youth to the  
Department Chairman? \_\_\_\_\_

Unit Name and Number \_\_\_\_\_

Unit Chairman's Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail \_\_\_\_\_ away \_\_\_\_\_

**Please make 3 copies of the Annual Report:**

- \* Send one to District Chairman listed above
- \* Give a Copy to your Unit Historian
- \* Keep a Copy for your Unit Records