American Legion Auxiliary
Unit Mid-Year Report
Chaplain
2019-2020

Due to District Chaplain December 1, 2019

Mail to: Your District Chaplain:
(can be found in your District directory) Unit Number _____ District Number _____

Unit Chaplain: _____ Phone Number _____

Address _____ City _____ Zip Code _____

What Chaplain activities (Memorial service, POW/MIA ceremony, Drape the Charter etc.) did your Unit members conduct or participate as Chaplains within your Legion family or in your Community? Please describe below (use additional sheets if needed)

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Send copy to the District Chairman
One copy to your Unit Historian
Keep a copy for your Records

American Legion Auxiliary
District Mid-Year Report
Chaplain
2019-2020

Due to Department Chaplain December 15, 2019
Mail to Cherril Threte Department Chaplain
2714 W 60th St
Indianapolis, IN 46228
Email cthrete@sbcglobal.net

District Number _____ Number of Units reporting _____

District Chaplain: _____ Phone Number _____

Address _____ City _____ Zip Code _____

What Chaplain activities (Memorial service, POW/MIA ceremony, Drape the Charter etc.) did your District members conduct or participate as Chaplains within your Legion family or in your Community? Please describe District activities (use additional sheets if needed)

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