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**AMERICAN LEGION AUXILIARY**

**DEPARTMENT of NEBRASKA**

**ALA PROGRAM UNIT YEAR END REPORTING FORM**

**Submit Completed Form To:**

**PO Box 5227**

**Lincoln, NE 68505**

**Or, Email: neaux@windstream.net**

**DISTRICT:** \_\_\_\_ **UNIT:** \_\_\_\_ **REPORTING YEAR:** \_\_\_\_­ **DUE BY April 20th**:

Annual reports reflect the American Legion Auxiliary program(s) work of the Unit and are to be submitted by mail or email to Department. For questions please contact Department at (402) 466-1808. **Use additional paper if needed.**

**Americanism**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Auxiliary Emergency Fund**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Children and Youth**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Community Service**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Constitution & Bylaws**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**County Government**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Education:**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Girls State:**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Junior Activities**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Leadership**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Membership**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Music**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**National Security**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Poppy**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Public Relations**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Veterans Affairs and Rehabilitation**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

**Service to Veterans**

Volunteer Hours: Volunteer Dollars:

 # of People Served: Donation Dollars:

 Activities:

Completed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Position: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Completed: \_\_\_\_\_\_\_\_\_