

**PROGRAM: CAVALCADE OF MEMORIES**

Unit Annual Narrative Report 2016-2017

Department of Wisconsin

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

Unit City \_\_\_\_\_ Unit President's Name \_\_\_\_\_

Complete Address \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

1. Does your Unit have a Cavalcade of Memories repository?  Yes  No
2. Does your Unit partner with local museum, historical societies or public library to display memorabilia?  Yes  No
3. Do you talk about your Cavalcade of Memories at community functions?  Yes  No
4. Is your Cavalcade of Memories available for public display?  Yes  No

**Please list any Cavalcade of Memories activities, events and projects your Unit was involved in**

(continue on the back or add a separate piece of paper if necessary).

**Please Complete and Return by APRIL 14, 2017 to:**

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