

PROGRAM: POPPY
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 distribute Poppies? Yes No

2. How does your unit promote the Poppy Program? (continue on back if necessary)

3. How did you increase poppy revenue? (continue on back if necessary)

4. Does your unit promote the Poppy Poster Contest? Yes No

If so, how many posters were submitted? _____

5. Does your unit promote the Little Miss and Miss Poppy? Yes No

If so, how many young girls participated? _____

6. Describe your unit's Little Miss and Miss Poppy Contest (continue on back if necessary)

Please list any Poppy 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