

PROGRAM: VA&R
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. Number of Volunteers recruited:
 - Regularly Scheduled Volunteers _____
 - Non-Affiliated Volunteers _____
 - Occasional Volunteers _____
 - VolunTeens _____
2. Number of Volunteer Hours by your Unit: _____
3. Amount donated to the Veterans Creative Arts Festival: \$ _____
4. Amount donated to Camp American Legion: \$ _____
5. Amount donated to Christmas Gift Shop: \$ _____
6. Amount donated to Homeless Female Veterans Grant Fund: \$ _____
7. Amount donated to Fisher House: \$ _____
8. Amount donated to VA Medical Facilities and Veterans Homes: \$ _____
9. Did your Unit remember Veterans with cards? Yes No
10. Did your Unit participate in the Quilts of Valor?
If so, how many quilts were made? _____
 Yes No
11. Did your Unit participate in the Elizabeth Dole caregiver support foundation? Yes No

Please list any VA&R 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