

PROGRAM: VA&R
Unit Annual Narrative Report 2017-2018
Department of Wisconsin

Unit Number and Name _____ District _____

Unit City _____ Unit President's Name _____

Complete Address _____

Phone _____ Email _____

1. Name of VA Facility(s) where volunteer work is done _____

Number of Volunteers recruited to volunteer at VA facility(s):

Regularly Scheduled Volunteers _____ # Occasional Volunteers _____

Non-Affiliated Volunteers _____ # VolunTeens _____

2. Number of hours volunteered by your unit members: _____

3. Amount donated to Homeless Female Veterans Grant Fund: \$ _____

4. Amount donated to Christmas Gift Shop: \$ _____

5. Amount donated to the Veterans Creative Arts Festival: \$ _____

6. Amount donated to Camp American Legion: \$ _____

7. Amount donated to VA Medical Facilities and Veterans Homes: \$ _____

8. Amount donated to other veterans' projects (Fisher House, Honor Flight, etc.): \$ _____

9. Did your unit remember Veterans with cards? Yes No

10. Did your unit participate in the Caregiver Support Program?
If so, how? Yes No

11. Did your unit assist or host a Stand Down? Yes No
If so, describe what you learned, what went well, what could be done differently:

12. Did your unit participate in the Quilts of Valor? Yes No
If so, how many quilts were made? _____

13. 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 13, 2018 to:

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