PROGRAM: VETERANS AFFAIRS & REHABILITATION (VA&R)

Unit Annual Narrative Report 2024-2025

Department of Wisconsin

Submit to Department Headquarters by 4/15/25 only if you participated in any of these activities:

U	Unit # District #		
N	Name/Title (of person completing form)	
Email Address		Phone:	
1.	Unit members who volunteer at a Their hours are recorded at the factors and the factors of VA Facility(s) where volume of VA Facility(s) where volume volume of VA Facility(s) where volume vol	cility. Check with your Rep for tota	als if unknown.
	Exact Number of Volunteers recruite	ed (to volunteer at VA facility):	
	# Non-Affiliated Volunteers	# Occasional Volunteers	# VolunTeens
2.	Total Number of Volunteer Hours	at a VA Facility by your Unit:	
3.	Unit members who volunteer at a Location	CBOC: CBOC hours are not recorde #Volunteers	-
4.	Question 4 refers to Service to Ven hours of participants are reported	•	arters for qualifying awards.
		category to insert another. Note 0 i	
5.	Amount donated to the Veterans Cre	ative Arts Festival:	<u>\$</u>
6.	Amount donated to Camp American	Legion:	<u>\$</u>
7.	Amount donated to Christmas Gift S	hop:	<u>\$</u>
8.	Amount donated to Homeless Wome	en Veterans Grant Fund:	<u>\$</u>
9.	Amount donated to Fisher House:		<u>\$</u>
10	. Amount donated to VA Medical Fac	ilities and Veterans Homes:	\$
11	. Did your Unit remember Veterans w	ith cards?	Yes No
-	uestions 12 & 13 require signing up st # of quilts crafted only through Q		
12	. Did your Unit participate in the Quil	ts of Valor?	Yes No
	If so, how many quilts were mad	e?	
13. Did your Unit participate in the Elizabeth Dole caregiver support foundation? Yes No			

Use flip side or separate sheet to list VA&R activities, events, and projects your Unit was involved in.

Please Complete and Return by <u>APRIL 15, 2025</u> to:

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