PROGRAM: CHAPLAIN/MUSIC

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:

Į	Unit # District #	
Name/Title (of person completing form)		
Email Address Phone:		
 1. 2. 3. 4. 	How many unit members passed away during the past year? Did the unit hold a Memorial Service for deceased members? Was the Charter draped for deceased members? Did the unit participate with The American Legion in observing: Independence Day? Yes No Memorial Day? Yes No Veterans Day? Yes No List other joint events:	☐ Yes ☐ No ☐ Yes ☐ No
5.6.7.8.9.	Does the unit incorporate Music with unit meetings and events? Did the unit send prayers for the Department President's Prayer Book? Did the unit submit a Prayer Book for judging? Did the unit's Junior members submit a Prayer Book for judging? How does the unit provide emotional and spiritual support for American Legion Fa	☐ Yes ☐ No mily members?
Please list any Chaplain/Music activities, events and projects the unit was involved in (continue on the back or add a separate piece of paper if necessary).		

Please complete and return by $\underline{APRIL\ 15,2025}$ to:

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