



AMERICAN LEGION AUXILIARY
Department of Ohio



2010-11 Annual Unit Report – AUXILIARY EMERGENCY FUND

*Send completed report to Department Auxiliary Emergency Fund Chairman Patricia Dunlevy,
13039 Elton Street, Navarre, Ohio 44662-8722 by the May 1, 2011 deadline*

District # _____ Unit # _____ Unit Name _____ Membership Goal _____

Unit Chairman _____ Telephone (____) ____ - _____ Email _____

Address _____ City _____ St ____ Zip Code _____

I. AUXILIARY EMERGENCY FUND PROGRAM

Did your Unit have an Auxiliary Emergency Fund Program? Yes ___ No ___

Please describe your program – _____

II. APPLICATIONS

How many Unit members applied for assistance? _____

How many Unit members received assistance? _____

III. OUTSIDE RESOURCES

Did your Unit assist the Unit member in need with outside financial resources?

Yes _____ No _____ Please describe _____

IV. DONATIONS

A. Were any Memorial Donations made to the AEF? Yes ___ No ___ Amount \$ _____

B. Did your Unit contribute to the AEF? Yes ___ No ___ Amount \$ _____

Please include any additional information on the reverse side.