



AMERICAN LEGION AUXILIARY
Department of Ohio



2010-11 Annual Unit Report – NATIONAL SECURITY

This report is MANDATORY for the Citation of Merit

*Send completed report to Department National Security Chairman Vicky Buck,
708 S Ogden Avenue, Columbus, Ohio 43204 by the May 1, 2011 deadline*

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

Unit Chairman _____ Telephone (_____) _____ - _____

Address _____ City _____ St _____ Zip Code _____

A. Outside Programs to Support Military and Their Families

Program Name – on a separate sheet please describe what was included in your program.	Yes	No	# of Volunteers	# of Veterans/ Military/ Families served	Total Hours	Money Spent	Donations
Yellow Ribbon Re-integration Program						\$	\$
Operation HomeFront						\$	\$
Family Readiness Groups						\$	\$
Family to Family Support						\$	\$
USO						\$	\$

B. Participate with The American Legion in Military and Family Support Programs

Program Name – on a separate sheet please describe what was included in your program.	Yes	No	# of Volunteers	# of Veterans/ Military/ Families served	Total Hours	Money Spent	Donations
Family Support Network – please list services to families. Use separate sheet if needed. _____ _____						\$ \$ \$	\$ \$ \$
Operation Comfort Warriors						\$	\$
Heroes to Hometown – please list services to families. Use separate sheet if needed. _____ _____						\$ \$ \$	\$ \$ \$
Blue Star Banner Program						\$	\$
Gold Star Banner Program						\$	\$
POW/MIA Initiatives – please describe activities/events. Use separate sheet if needed. _____ _____						\$ \$ \$	\$ \$ \$

(continued on back)

