



AMERICAN LEGION AUXILIARY  
Department of Ohio



**2011-12 Annual Unit Report – AUXILIARY EMERGENCY FUND**

*Send completed report to Department Auxiliary Emergency Fund Chairman Jennifer Welsh,  
534 New Burg Street, Granville, Ohio 43023-1049 by the May 1, 2012 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.**