AMERICAN LEGION AUXILIARY
Department of Ohio

2011-12 Annual Unit Report – CHILDREN & YOUTH

This report is MANDATORY for the Citation of Merit

Send completed report to your District Children & Youth Chairman by the May 1, 2012 deadline

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

Unit Chairman _____ Telephone (_____) _____ - _____

Address _____ City _____ St ___ Zip Code _____

Total Assessments Paid (# of paid members _____ x $0.25) $_____

SECTION A – DIRECT AID

	Line #	Amount	Number of Children Served
Cash aid given to needy children	1	$	
Value of goods given to children (Reasonable estimate)	2	$	
TOTAL DIRECT AID (Add Lines 1 & 2)	3	$	

SECTION B – CONTRIBUTIONS MADE TO

	Line #	Amount	
American Legion Child Welfare Foundation	4	$	Donate $1 per Unit Member to receive a banner/streamer
Children's Miracle Network	5	$	
Department of Ohio Children & Youth Fund	6	$	
TOTAL CONTRIBUTIONS (Add Lines 4, 5 & 6)	7	$	

SECTION C – OTHER CHARITABLE CONTRIBUTIONS MADE FOR CHILDREN AT

	Line #	Amount
Local Level	8	$
County Level	9	$
State Level	10	$
National Level	11	$
TOTAL CONTRIBUTIONS (Add Lines 8, 9, 10 & 11)	12	$

(Continued on back)

SECTION D – SPECIAL PROGRAMS (continue on a separate page if necessary)

These will include parties, teenage dances, free movies, picnics, circus, parades, education programs, etc.

The Activity	Line #	Cost	Number of Children Served
		$	
		$	
		$	
TOTAL	13	$	

SECTION E – MILITARY & VETERAN'S CHILDREN

This includes OMK, parties, awareness programs, etc.

The Activity	Line #	Cost	Number of Children Served
		$	
		$	
		$	
TOTAL	14	$	

SECTION F – TOTALS

(Add Lines 3, 7, 12, 13 & 14)	Line #	Amount
Total Contributions and Cost of C & Y	15	$

(Add Lines 3, 13 & 14)	Number
Total Number of Children Served	

Did your Unit participate in any of the following National Children & Youth program objectives? (please check)

1. ___ Family Emphasis (National Family Week)
2. ___ Children's Miracle Network
3. ___ Missing Children
4. ___ April is Children & Youth Month Observance
5. ___ Halloween Safety
6. ___ Family Support Network
7. ___ Child Safety (Drug Abuse Prevention, Teenage Suicide Prevention, etc.)
8. ___ Other (please list) _____

9. How many hours of volunteer service were provided by the membership of your Unit for the children and youth of your community? …….. _____ Hours

10. Please estimate the amount of money expended by your Unit for administrative expenses for Children & Youth overhead. (Postage, printing, seminars, travel, salaries, etc.)…… $ _____

Please use the space below to describe in some detail specific Children & Youth activities of your Unit. (Details of your Unit's C & Y activities are important to judging reports for various Department and National Awards.)

_____

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