



Department of Minnesota
2025-2026 District Annual Report Form
Americanism

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Americanism Chairman's Name _____

1. Did Units participate in Americanism programs at school? _____ How many? _____
2. Did Units participate in any Flag Education program this year? _____ Total Programs _____
3. Did Units distribute Flags this year? _____ Total Number of flags? _____ Cost? _____
4. Did Units participate in Veterans Day? _____ How many? _____ How did they participate?

5. Did Units participate in Memorial Day programs? _____ Total Number of Services _____
6. Did Units participate in any other Holiday or community events? _____ Total # _____

What events? _____

Were members wearing ALA Branding? _____

7. Did Units participate in our youth programs? _____
 - a. National Essay Contest _____
 - b. Girl Scouts _____
 - c. Junior Activities _____

8. Did Units participate in The American Legion Programs? _____
 - a. Oratorical Contest _____
 - b. American Legion Baseball _____
 - c. TAL Girls Softball _____
 - d. Junior Shooting Sports _____
 - e. Post Home or SAL programs _____
 - f. Blue Star Banner Program _____

9. Number of Flags presented to schools, organizations, etc. _____ Cost? _____ Hours? _____

10. Did Units promote Americanism or celebrate America's 250th birthday any other way that you would like to share with other Units?

Total number of hours volunteered _____ Total money donated/spent _____

Mail completed report to the Department Americanism Chairman,
Tamara Thayer, 7 Roots Beach LN, Elysian, MN 56028
tlthayer@gmail.com



Department of Minnesota
2025-2026 District Annual Report Form
Auxiliary Emergency Fund

District # _____ # of Units in District _____ # of Units in District Reporting _____

District AEF Chairman's Name _____

1. Did your District host an event to raise funds for the AEF? _____
Yes No

2. Describe what kind of event your District hosted or held: _____

3. Amount raised \$ _____

4. List of American Legion Family members who have made personal donations:

Name: _____ \$'s donated _____

Name: _____ \$'s donated _____

Name: _____ \$'s donated _____

5. Did any Junior's participate? _____ \$'s donated _____
Yes No

6. What did they do? _____ How many Junior's participated?

7. Add any additional information on a separate sheet of paper. Please do not list names of any member receiving assistance from AEF (due to privacy issues).

Mail completed report to the Department Auxiliary Emergency Fund
Chairman, Joanie Krantz, 505 Main Street S, Karlstad, MN 56732 or

jkrantz@wiktel.com

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Department of Minnesota
2025-2026 District Annual Report Form
Children and Youth

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Children and Youth Chairman's Name

Total number of **Hours** volunteered: _____

Total number served - **Veterans**: _____

Children: _____

Community members: _____

Monetary value of projects supported: \$ _____

In Kind value of donations: _____

ACTIVITIES

Narrative report on the following with details.

Attach an additional sheet if you need more room.

Remember to submit pictures of your events.

Purple Up! Day for Military Kids – What did your Units do?

Military Child Table Ceremony – When/where did your Units conduct this ceremony?

Month of the Military Child (April) – What special celebration did your Unit do?



Department of Minnesota
2025-2026 District Annual Report Form
Children and Youth

Youth Hero Award – How many did your Unit award and share the story

Good Deed Award – How many awarded and share the story

Kids of Deployed are Heroes 2 (KDH2) – Did you host a KDH2 Celebration? If so, how?

Share any other activities that your Unit did for our Children & Youth.

**Mail completed report to the Department Children & Youth Chairman,
Sandy Wersal, 16667 County Road 9 NE, New London, MN 56273
sandywersal@gmail.com**



Department of Minnesota
2025-2026 District Annual Report Form
Community Service

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Community Service Chairman's Name _____

District Community Service Chairman's Name _____

What Community Service projects did individual members of your District participate in to promote community awareness of the ALA and who was served by these activities/projects?

What was the total number of hours volunteered by individual members? _____

What was the total amount of money spent/donated by individual members? _____

What was the total number of miles driven by individual members when volunteering? _____

What Community Service projects did Units in your District organize and/or participate in to promote community awareness of the ALA and who was served by these activities/projects?

Did Units in your District organize and/or participate in any of the ALA suggested days of service and who was served by these activities/projects?

(9/11 National Day of Service, Martin Luther King Jr. Day of Service, etc.)

Did Units in your District partner with organizations in their communities on projects? _____

What did Units in your District do to promote American Legion Family Day?

What was the total number of hours volunteered by Units? _____

What was the total amount of money spent/donated by Units? _____

Was Auxiliary apparel worn while representing the ALA as an individual or as a Unit? _____

Please use additional sheets to record your District's activities/projects as needed.

<p>Mail or email to Dept of MN Community Service Chairman, Tamara Martin, 4480 Alderberry Drive, Hermantown, MN 55811 tamaramartin1104@gmailcom</p>
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Department of Minnesota
2024-2025 District Annual Report Form
Constitution & Standing Rules

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Constitution & Standing Rules Chairman's Name _____

- | | | | |
|---|-----------|----------|--|
| 1. Does your Unit have a Constitution & Standing Rules Chairman? | Yes _____ | No _____ | |
| 2. Does your Unit have a Parliamentarian? | Yes _____ | No _____ | |
| Is it the same person? | Yes _____ | No _____ | |
| 3. Does your Unit have Standing Rules? | Yes _____ | No _____ | |
| 4. Did your Unit review their Standing Rules this year? | Yes _____ | No _____ | |
| 5. Were your Standing Rules sent to the Department office this year? | Yes _____ | No _____ | |
| 6. Does your Unit have a copy of the National Constitution & Bylaws? | Yes _____ | No _____ | |
| 7. Does your Unit recite the Preamble to the American Legion Constitution at each meeting? | | | |
| | Yes _____ | No _____ | |
| 8. Did your Unit write a resolution this year? | Yes _____ | No _____ | |
| 9. In what way did you use the suggestions in the Unit Guide and Mailings during the year to encourage members to become more familiar with Parliamentary procedure or the Constitution and Bylaws of the American Legion Auxiliary? (Please use the following space/back of the page or you may attach a page with the information.) | | | |

**Mail completed report to the Department Constitution & Standing Rules Chairman,
Carol Kottom, 1909 Goldfish Drive, Buffalo, MN 55315 or
ckakottom@gmail.com**



Department of Minnesota
2025-2026 District Annual Report Form
Education

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Education Chairman's Name _____

1. Please list your Units participation with **Scholarships** and funds spent on other **Education** Resources.

<u>Scholarship</u>	<u># of Applications Submitted</u>
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National President's Scholarship	_____
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Spirit of Youth Junior Scholarship	_____
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Non-Traditional Student Scholarship	_____
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Junior Auxiliary Loyalty Scholarship	_____
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Department of Minnesota Scholarship	_____
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American Legion Legacy Scholarship	_____
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Other Scholarship Funds	_____
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Other Resources distributed, please specify and list #'s and/or value _____

2. Education Program Unit participation: Literacy programs: # Hours _____ \$ Spent _____

Give 10 to Education: Value _____ # of Schools Served _____

Describe Unit activities completed in the area of "Give 10 to Education:"

Classroom Reading Program: Hrs _____ # of Schools Served _____

Assistance to a needy student: Hrs _____ # of Schools Served _____

of military children served: _____ Clothing Donated Value \$ _____

Box Tops for Education: Value _____ # of Schools Served _____

3. Did your Units participate in **Veterans in Community Schools**? Yes ___ No ___

of Volunteer Hours _____ # of Schools Served _____ \$ Spent _____

Describe how Veterans in Community Schools programs were presented:

4. Did your Units support Veterans pursuing Higher/Vocational Education? Yes ___ No ___

If Yes, please describe: _____

Did your Units support or collaborate on **American Legion Programs**:

	# Schools Served	# Vol. Hrs.	Amt. Donation/value
--	------------------	-------------	---------------------

American Education Week	_____	_____	_____
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Oratorical Contest	_____	_____	_____
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of Outstanding Schools awarded Citations _____ # of Outstanding Students awarded Citations _____

5. If your Units actively supported Veterans associations on campus, please describe:

On the back or separate paper, please describe any additional activities completed by your Units in this program including activities to promote lifelong learning by your Units members. Please attach a "Give 10 to Education" form.

All entries are to be sent to the Department Education Chairman,
Cari Lamb, 3217 19th Avenue S Apt 1, Minneapolis, MN 55407 or
CrImb74@gmail.com



Department of Minnesota
2025-2026 District Annual Report Form
Girls State

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Girl State Chairman's Name _____

How many Units participate in Girls State 2023? _____

Number of Schools represented by your District for Girls State 2023: _____

Number of Girls Sponsored: _____

Registration Fee per girl. Amount Units paid \$ _____ Amount Legions paid \$ _____

Amount SALs paid \$ _____ Amount Others paid \$ _____

How many Units gave students money to purchase souvenirs? Yes _____ No _____

Monetary Donations over and above registration fee(s). \$ _____

How did your Units raise funds to support the Girls State program?

Did your Units require an application from interested students? Yes _____ No _____

Did your Units interview and make the final selection of citizen? Yes _____ No _____

If not, who made the decision? _____

Did your Units or District hold an informational meeting for interested students and their parents?

Yes _____ No _____

How many hours did your members volunteer for the Girls State program?

How did your Units or District increase awareness of the ALA Minnesota Girls State Program?

Did your Units or District utilize social media for the Girls State program?

(explain) _____

Comments: (can be attached or written on the back of form).

Mail completed report to the Department Girl State Chairman,
Wanda Prescher, 3321 Vista View Court SW, Rochester, MN 55902
w.prescher1951@gmail.com



Department of Minnesota
2024-2026 District Annual Report Form
History

PLEASE MAIL THIS FORM to the DEPARTMENT HISTORIAN: KARLA OTTERNESS 239 WESTGATE DRIVE, WINSTED, MN 55395, OR EMAIL TO T.D.NEWS2SHARE@GMAIL.COM.
ALONG WITH YOUR WRITTEN SUMMERY.

District Historian _____ District Number _____

Number of Units in Your District. _____

Start of the year _____, through the end of the reporting year March 31, 2026

Does your District have Facebook or Social media page? If yes, please list name and platform?

What was the most important event that your District participated in, hosted, or attended? Examples: mid-winter, national/department leadership, ala birthday, membership rallies

Did your District incorporate any Department/ National President visits?

Did your District participate in celebrating Women's History/ Female Veterans Project?

Did your District participate in the Veterans Remember?

What was one fact that you learned about your District or an influential Auxiliary member from the past?

Did your Unit help your Junior Program achieve the History Patch?



Department of Minnesota
2025-2026 District Annual Report Form
Junior Activities

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Junior Activities Chairman's Name _____

Number of units with organized Junior groups this year? _____

Number of units with unorganized Junior group but still are active? _____

Number of Junior members attended the Junior Meetings? _____

Number of units attend Junior Meetings? _____

How many units encouraged Junior members to attend Senior meetings? _____

How many units encouraged Junior members to volunteer with Senior members? _____

How many units increased their Junior membership this year? _____ By how many? _____

How many units acknowledged Junior members who recruited new members? _____

How many Junior members graduated to Senior membership? _____

How did the units acknowledge these Junior members? _____

How many Juniors participated in the ALA Academy Training? _____

How many Juniors participated in Junior Member of the Year? _____

How many Juniors participated in the VA Student Volunteer Program? _____ How many hours? _____

How many Juniors worked on the Patch Program? _____ How many patches were earned? _____

Number of units that created awareness of the Children of Warriors National Presidents Scholarship? _____

How? _____

How many units made any donations this year? _____ How much? _____

To Whom? _____

How many hours did Juniors volunteer this year? _____

How many volunteer hours were spent in direct service to veterans? _____

What service projects did Juniors participate in? (Provide details)

How many Juniors attended your District Junior Conference? _____

How many Juniors attended the Department Junior Conference? _____

How many Juniors attended the Junior Fun Weekend at Legionville? _____

How many Juniors attended their District Junior Fun Day? _____

How many Juniors attended the National Junior Meeting? _____

What activities did they find informative and fun in the Conferences and Meetings above?

How did units/District mentor junior members?

Please include any other information that you would like to share including photos. Attach additional sheets if necessary.

Mail completed report to the Department Junior Activities Chairman,
Brandi Christensen, 15780 30th Street, Watertown, MN 55388 or
brandichristensen21@gmail.com



Department of Minnesota
2025-2026 District Annual Report Form
Leadership

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Leadership Chairman's Name _____

How many Units reported members attending Department/District leadership workshop? _____

Did Members from your District attend National Mission Training? Yes or no _____

If so, how many members went? _____

Did your District promote the American Legion Auxiliary Academy classes. Yes or no
How many members did the online ALA Academy? _____

What courses were completed?

(include all courses that were completed. Use back of this page if necessary)

How many Units submitted a candidate for Unit Member of the Year? _____

How many members attended the following?

1. How many attended the District Mid-Winter _____

2. How many attended other District Meetings _____

3. How many members attended Fall Conference _____

Did Unit members do anything special to enhance the leadership program (e.g. additional training and what were the topics)? If so, please explain

Mail completed report to the Department Leadership Chairman,
Mary Kuperus, 313 Pine St SW, New London, MN 56273
wmkuperus@tds.net



Department of Minnesota
2025-2026 District Annual Report Form
Legislation

District Number _____ District Chairman's Name _____

of Units in District _____ # of Units Reporting _____

How many units visited the American Legion's Legislative website to keep current on legislative priorities? _____

How many unit members subscribed to the American Legion's legislative action alerts? _____

How many units downloaded and reviewed the American Legion Auxiliary Advocacy Guide with members? _____

How many units hosted a meet the candidate night in their community? _____

What did they do?

How many units attended the 2024 Veterans Day on the Hill? _____

How many members attended? _____

How many members meet with a representative while at an event? _____

How many representatives were met? _____

How many members contacted representatives this year? _____

Who was contacted?

How many were contacted by: _____ Phone _____ Email _____ Letter _____ In person

How many heard from the representative? _____

How many filled out a congressional contact report form for a meeting? _____

How many units did an event or educated members in January for Legislation month? _____

What did they do?

How else was the Legislation program promoted this year?

**Mail completed form to the Department Legislative Chairman,
Jody Hassing, 108 North Circe Drive, Montgomery, MN 56069 or
jodyhassing@gmail.com**



Department of Minnesota
2025-2026 District Annual Report Form
Memorial

District # _____ # Units in District _____ # of Units Reporting _____

District Chaplain's Name _____

1. Number of deceased members in your District this year (4/1/25-3/31/26)

Seniors _____ Juniors _____ Gold Star Mothers _____

Charter Members _____

2. Did your Units host some type of ceremonies did your Unit host that honor deceased members (Draping of the Charter, Memorial Service, etc? Please explain:

3. Did your Units receive or donate Memorials? Yes _____ No _____

Total \$ _____ donated Please explain where memorial donations were sent.

4. What other things did your Units do in the Memorial program? Please explain: (offer prayer at meetings & events; visit sick and shut-in members; sent cards & letters to sick & bereaved members of the American Legion Family; encourage prayer on special occasions and for military personnel and their families; hold joint services with the Legion Family for Memorial Day, etc.)

Please continue on an additional page if needed.

Mail completed report to the Department Chaplain
Marsha Bible ~ 5602 West Oakes Drive ~ St. Cloud, MN 56303



Department of Minnesota
2025-2026 District Annual Report Form
National Security

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Chairman's Name _____

Please check all that your Unit participated in:

1. How many Units support active-duty military families by working with an installation Family Readiness Group (FRG). Contact the Family Readiness Center on your nearby military installation for more information.

The U.S. Navy is known as [Family Readiness Group](#) , or (FRG) _____

The U.S. Army FRG = [the Soldier and Family Readiness Group](#), or SFRG _____

The U.S. Air Force = [the Key Spouse Program](#) _____

The U.S. Marine Corps = [the Family Readiness Program](#) _____

The Coast Guard = [the Work-Life Program](#) _____

On a separate piece of paper, share the FRG activities you checked above.

2. How many Units collaborate with other like-minded organizations that also support servicemembers and their families: (Donate to or volunteer with.)

Armed Forces YMCA Food Pantries _____ Quilts of Valor Foundation _____

Taking Care of People (defense.gov) _____ Blue Star Families _____

USO _____

On a separate piece of paper, share your Unit's collaborations your checked above.

3. How many applications for "Salute to Servicemembers Award" did your District submit?
4. Did your Units use the DPAA (Defense POW/MIA Accounting Agency) site? Explain what your Units used it for on a separate piece of paper.
5. What did your Units do to promote the "Be The One" initiative – be the one to save one. How did you destigmatize getting help for those with suicidal thoughts. On a separate piece of paper, share your Unit's activities.
6. Does your District have a POW/MIA or Missing Man table displayed? How many Units in your District have a display?

All entries are to be sent to the Department National Security Chairman,
Anna Eells, 1029 SW 1st Street, Grand Rapids, MN 55744 or
a_eells@yahoo.com



Department of Minnesota
2025-2026 District Annual Report Form
Past Presidents Parley

District # _____ Number of Units in District _____ Number of Units in District Reporting _____

District Past Presidents Parley Chairman's Name _____

1. How many Units have a Past Presidents Parley? _____
2. How many new this year? _____ How many reorganized this year? _____
3. How many Units donated to the Past Presidents Parley Health Care Scholarship Fund?
_____ Total amount donated. _____.
4. How many Units submitted an application (s) for the Past Presidents Parley Health Care
Scholarship? _____ How many total applications? _____
5. How many Units recognized female Veterans or assisted them throughout the
year? _____
6. How many Presidents Parleys sponsored or did something as a Parley? _____ What?
7. How many Units' Past President members were active in their Units? _____

Using the above answers and more that you want to include that is not asked above, write a
story (narrative) to include who, what, why, where and how.

All entries are to be sent to the Department Past Presidents Parley Chairman
Sharon Cross, 10491 Alcott Dr., Sauk Centre, MN 56378

(please use back if more space is needed)



Department of Minnesota
2025-2026 District Annual Report Form
Poppy

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Poppy Chairman's Name _____

1. Number of small poppies ordered in your District. _____
2. Number of large poppies ordered in your District. _____
3. Number of small poppies made for Department in your District. _____
4. Number of large poppies made for Department in your District. _____
5. How many were made by veterans in your District? Small _____ Large _____
6. Number of Units that displayed poppy cards? _____
7. Number of Units that sponsored a Little Miss Poppy contest? _____
8. Number of Units that sponsored a Poppy Poster contest? _____
9. Number of Units that presented a poppy to elected officials? _____
10. What were the total donations received from your poppy drive this year? \$ _____
11. How many members of the Legion family assisted with your Poppy drive? _____
12. Number of Units that celebrated National Poppy Day? _____
13. Number of Units that hosted a Poppy Palooza? _____
14. How many members of the Legion family attended your Poppy Palooza? _____
15. Number of Units that used Poppy Funds to donate to the Honor Flight Program? _____

What did your Units do to educate their community on the meaning and history of the poppy?

What did your Units do to educate their community on the Honor Flight Program?

***Send completed report to the Department Poppy Chairman,
Hope Wilson, 211 8th Ave SE, Elbow Lake, MN 56531
hزابroski@yahoo.com***



Department of Minnesota
2025-2026 District Annual Report Form
Public Relations

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Americanism Chairman's Name _____

Newsletter:

How many Units have a newsletter? _____ E-Bulletin? ☐ _____

Joint Publication with Post? _____

How many Units give a gift subscription to the Auxiliary magazine to business/facility in their community? _____

Social Media:

	How many Units have any of the following?	How many are new this year?	
Website			
Facebook Page			
YouTube Account			
"X" (Twitter) Account			
Instagram Account			

Media:

How many Units were mentioned in local media? _____

of times via print? _____

of times via television/cable? _____

of times via radio? _____

How many times did Units meet with reporters? _____ How many letters of appreciation did Units send? _____

How many Units utilize any of the resources available on the National website? _____

Dollars spent on PR efforts: \$ _____ Hours spent on PR efforts: _____

Brand Loyalty:

How did the Unit members work to build the image of the American Legion Auxiliary in their community?

Mail completed report to the Department Public Relations Chairman,
Michelle Weaver, 1305 Willow Street Apt 39, La Crescent, MN 55947 or
weaver.michelle595@gmail.com



Department of Minnesota
2025-2026 District Annual Report Form
Risk and Compliance

District # _____ # of Units in District _____ # of Units in District Reporting _____

District Treasurer's Name _____

How many units have a checking/savings account? _____

How many signatures do the Units require on checks?

1	2	3	Not Sure

How many Units complete an annual audit? _____

How many Units filed their annual 990? _____

**Completed reports are to be sent to the Department Risk and Compliance Chairman,
27388 County Rd 1 NW, Brooton, MN 56316 or
nls4@tds.net**



Department of Minnesota
2025-2026 District Annual Report Form
VA&R

District _____ Chairman's Name _____ Number of Units _____

Support veteran caregivers, family members and survivors

How did your units support veteran caregivers, family members, and survivors?

How many members volunteered? _____ How many hours were volunteered? _____
Total number of dollars spent? _____ Total value of in-kind donations? _____

Auxiliary members as VA Voluntary Service (VAVS) volunteers at VA health care facilities

How many members did your district recruit for VAVS? _____
How many unit members are volunteers for VAVS? _____ How many hours did they volunteer? _____

Support rehabilitation and healing of veterans through arts, crafts, and hobbies.

Did your units donate items for the rehabilitation of veterans? ☐ Yes ☐ No

Total number of dollars? _____ Total value of in-kind donations? _____

Did your units participate or volunteer at local Creative Arts Festivals? ☐ Yes ☐ No

Did your units donate funds to local Creative Arts Festivals? ☐ Yes ☐ No

Total number of dollars spent? _____ Total value of in-kind donations? _____

Did your unit sponsor and event at a local veteran's home or VA Health Care System? ☐ Yes ☐ No

Total number of dollars spent? _____ Total value of in-kind donations? _____

Find opportunities for Auxiliary members to serve veterans in your community

Did your units adopt a veteran this year? ☐ Yes ☐ No

How many unit members participated? _____ How many hours did they volunteer? _____

Total number of dollars? _____ Total value of in-kind donations? _____

Did your units participate in a Minnesota Stand Down program? ☐ Yes ☐ No

How many unit members participated? _____ How many hours did they volunteer? _____

Total number of dollars? _____ Total value of in-kind donations? _____

Volunteer with partner organizations

Did your units participate in Wreaths Across America? ☐ Yes ☐ No

How many members volunteered? _____ How many hours were volunteered? _____

Total number of dollars spent? _____ Total value of in-kind donations? _____

Did your units participate in an Honor Flight? ☐ Yes ☐ No

How many members volunteered? _____ How many hours were volunteered? _____

Total number of dollars spent? _____ Total value of in-kind donations? _____

**This area is for all other hours, dollars, and in-kind donations made not listed above
(This may be to veterans' homes, VA Health Care systems, nursing homes, community, etc.)**

Total number of hours unit members hours for VA&R: _____

Total number of dollars spent for VA&R: _____

Total value of in-kind donations for VA& R: _____

PLEASE include a narrative to include additional information about events, projects, etc. that your units did to work the Veterans Affairs & Rehabilitation program.

**All reports are to be sent to the Department Legislative Chairman,
Linda Kelly, 17670 511th Street, Pine Island, MN 55963 or
lkkauxiliary@gmail.com**

Please include unit reports and essays to review for certificates of merit.