



**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? \_\_\_\_\_
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 250<sup>th</sup> 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**



**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](mailto: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?

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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?

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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.)

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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?

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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.

Mail or email to Dept of MN Community Service Chairman,  
Tamara Martin, 4480 Alderberry Drive, Hermantown, MN 55811  
tamaramartin1104@gmailcom



**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](mailto: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>
National President's Scholarship	_____
Spirit of Youth Junior Scholarship	_____
Non-Traditional Student Scholarship	_____
Junior Auxiliary Loyalty Scholarship	_____
Department of Minnesota Scholarship	_____
American Legion Legacy Scholarship	_____
Other Scholarship Funds	_____

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 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

Oratorical Contest \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

# 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 19<sup>th</sup> Avenue S Apt 1, Minneapolis, MN 55407 or  
Crlmb74@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?

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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?

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

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

(explain) \_\_\_\_\_

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**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](mailto: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](mailto: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? \_\_\_\_\_

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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? \_\_\_\_\_

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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)

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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?

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How did units/District mentor junior members?

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**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 30<sup>th</sup> 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

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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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?

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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?

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

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3. Did your Units receive or donate Memorials?

Yes \_\_\_\_\_ No \_\_\_\_\_

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

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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.)

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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 you 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 1<sup>st</sup> Street, Grand Rapids, MN 55744 or

[a\\_eells@yahoo.com](mailto: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 8<sup>th</sup> Ave SE, Elbow Lake, MN 56531  
hzabroski@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?

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**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?

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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 511<sup>th</sup> Street, Pine Island, MN 55963 or  
[Ikkauxiliary@gmail.com](mailto:Ikkauxiliary@gmail.com)

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