



American Legion Auxiliary

A Community of Volunteers Serving Veterans, Military, and their Families

American Legion Auxiliary Department of Minnesota

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AUXILIARY EMERGENCY FUND 2020 – 2021 Unit Annual Report

_____	_____	_____
Unit Number	Unit Location	District Number
_____	_____	_____
Name of Unit	Unit Chairman's Name	# Paid Members to date

1. Did your UNIT make a monetary donation to the AEF? Yes ___ No ___ Amount \$ _____
2. Was this donation in honor of a deceased member? Yes ___ No ___
3. How did your UNIT raise the funds and how many volunteer hours?

4. Did your UNIT share information about the Auxiliary Emergency Fund at a meeting? Yes ___ No ___
5. Did any member of your UNIT make a personal donation? Yes ___ No ___ How many? _____

6. List Auxiliary members that made personal donation and the donation amount:
Name _____ Amount \$ _____
[List additional members on a separate sheet of paper or on the reverse side of this report]

7. Did your UNIT donate an item(s) to the AEF Silent Auction at a District function? Yes ___ No ___
Value of Unit in-kind donation \$ _____ Volunteer Hours _____

8. Did your member(s) donate an item(s) to the AEF Silent Auction at a District function? Yes ___ No ___
Value of member(s) in-kind donation \$ _____ Volunteer Hours _____

9. Did your UNIT donate an item(s) to the AEF Silent Auction for Fall Conference? Yes ___ No ___
Value of Unit in-kind donation \$ _____ Volunteer Hours _____

10. Did your member(s) donate an item(s) to the AEF Silent Auction for Fall Conference? Yes ___ No ___
Value of Unit in-kind donation \$ _____ Volunteer Hours _____

11. **Number of volunteers and volunteer hours at District or Department AEF fundraisers.**
District: No. of volunteers _____ Hours _____ **Department:** No. of volunteers _____ Hours _____

12. Did your Juniors answer the challenge? Yes ___ No ___ Amount donated \$ _____

13. Please explain what they did and how many juniors participated _____
_____ Volunteer hours _____

14. Did an Auxiliary member from your unit receive assistance? Yes ___ No ___
Because of privacy issues, do not use her name and ask permission before you share her story. If she agrees, please tell the story of what Events led to needing help and any other circumstances. How did this assistance help? Please add any additional information on reverse side or on a separate sheet of paper.