

American Legion Auxiliary, Department of Minnesota  
District, Unit # (if applicable)

Program (select from dropdown list)

**All photos should be “attached” to the email, not “inserted” in this document.**

Date event occurred

Total expenditures

Total value of In-Kind donations

Number of members who volunteered

Total number of hours volunteered

Total miles driven

Number who benefitted by this event

Tell us about your event. Be sure to include place & name of event (Use more pages as needed. Double space for new paragraph)