



Department of Minnesota
2023-2024 Unit Annual Report Form
Americanism

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

- 1. Did your Unit participate in Americanism programs at school?
2. Did your Unit participate in any Flag Education program this year?
3. Did your Unit distribute Flags this year?
4. Did your Unit participate in Veterans Day?
5. Did your Unit participate in a Memorial Day program?
6. Did your Unit participate in any other Holiday or community events?
7. Did your Unit participate in our youth programs?
8. Did your Unit participate in The American Legion Programs?
9. Number of Flags presented to schools, organizations, etc.
10. Did your Unit promote Americanism 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 your District Americanism Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Auxiliary Emergency Fund

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

1. Did your Unit host an event to raise funds for the AEF? \_\_\_\_\_
Yes No

2. Describe what kind of event your Unit 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 your District AEF Chairman.



**Department of Minnesota  
2023-2024 Unit Annual Report Form  
Children and Youth**

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_

Unit Chairman's Name \_\_\_\_\_

Unit Membership \_\_\_\_\_

	Amount Spent or Donations	Volunteer Hours
Youth Hero Awards		
Good Deed Awards		
Kids of Deployed are Heroes 2		
Children & Youth Month		
Purple Up for Military Kids		
Supported Homeless Veterans Children		
Temporary Financial Assistance		
Halloween Safety		
Other Child Safety Events		
Missing Children		
D.A.R.E. Drug and Alcohol Prevention		
Youth Suicide Prevention		
American Legion Child Welfare Foundation		
Legionville		
National Family Week		
Children Activity Bags for St. Cloud VAMC		
Military Children's Table		
Boys and Girls Clubs of America		
Tragedy Assistance Program for Survivors		
Big Brothers Big Sisters		
<b>Totals</b>		



**Department of Minnesota**  
**2023-2024 Unit Annual Report Form**  
**Children and Youth**

Did your Unit set up a Military Children Table with an explanation of the items on the table?

How many Youth Hero Awards did your Unit give out?

How many Good Deed Awards did your Unit give out?

What activities did your Unit host for Children and Youth in your communities?

Mail completed report to your District Children and Youth Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Community Service

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

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

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

Did your Unit participate in any of the ALA suggested days of service and who was served by these projects (9/11 National Day of Service, Martin Luther King Jr. Day of Service, etc.)?

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

Did your Unit partner with other organizations in your community on activities/projects? \_\_\_\_\_
What did your Unit do to promote American Legion Family Day (last Saturday in April)?

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

What was the total number of hours volunteered by your Unit? \_\_\_\_\_
What was the total amount of money spent/donated by your Unit? \_\_\_\_\_
Was Auxiliary apparel worn while representing the ALA as an individual or as a Unit? \_\_\_\_\_

Please use additional sheets to record your activities/projects. Including photos is encouraged.

Mail or email a copy to your District Community Service Chairman. Keep a Unit copy for records.



Department of Minnesota
2023-2024 Unit Annual Report Form
Education

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

1. Please list your Unit's participation with Scholarships and funds spent on other Education Resources.

Table with 2 columns: Scholarship, # of Applications Submitted. Rows include 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, and 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 Unit 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 Unit support Veterans pursuing Higher/Vocational Education? Yes \_\_\_ No \_\_\_

If Yes, please describe: \_\_\_\_\_

Did your Unit 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 Unit actively supported Veterans associations on campus, please describe:

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

Mail completed report to your District Education Chairman.



Department of Minnesota
2023-2024 Unit Report Form
Girls State

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Did your Unit participate in Girls State 2023? Yes \_\_\_ No \_\_\_

Number of Schools represented by your Unit for Girls State 2023: \_\_\_\_\_

Number of Girls Sponsored: \_\_\_\_\_

Registration Fee per girl. Amount Unit paid \$ \_\_\_\_\_ Amount Legion paid \$ \_\_\_\_\_

Amount SAL paid \$ \_\_\_\_\_ Amount Others paid \$ \_\_\_\_\_

Did you give your students money to purchase souvenirs? Yes \_\_\_ No \_\_\_

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

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

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

Did you require an application from interested students? Yes \_\_\_ No \_\_\_

Did you interview and make the final selection of citizen? Yes \_\_\_ No \_\_\_

If not, who made the decision? \_\_\_\_\_

Did you 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 you increase awareness of the ALA Minnesota Girls State Program?

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

Did your Unit utilize social media for the Girls State program?

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

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

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

Mail completed report to your District Girls State Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Junior Activities

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit JR Membership \_\_\_\_\_

Did your unit have an organized Junior Unit this year? Yes \_\_\_ No \_\_\_

How many Junior members attended the Junior meetings? \_\_\_\_\_

If not organized, did you have Junior members who were actively volunteering or participating in programs or projects? Yes \_\_\_ No \_\_\_ How many? \_\_\_\_\_

Does your unit encourage Junior members to attend Senior meetings? Yes \_\_\_ No \_\_\_

Does your unit encourage Junior members to volunteer with Senior members? Yes \_\_\_ No \_\_\_

Did you increase your Junior membership this year? Yes \_\_\_ No \_\_\_

By how many? \_\_\_\_\_

Did you acknowledge Junior members who recruited new members? Yes \_\_\_ No \_\_\_

Did you have any Junior members who graduated to Senior membership? Yes \_\_\_ No \_\_\_

Did you acknowledge these Junior members? Yes \_\_\_ No \_\_\_ How? \_\_\_\_\_

How many Juniors participated in the Leadership Correspondence Course? \_\_\_\_\_

How many participated in Junior Member of the Year? \_\_\_\_\_

How many Juniors participated in the Veterans History Project? \_\_\_\_\_ # Submitted \_\_\_\_\_

How many Juniors participated in the VA Student Volunteer Program? Yes \_\_\_ No \_\_\_ Hours \_\_\_\_\_

How many Juniors participated in the Mean Stinks program? \_\_\_\_\_

How? \_\_\_\_\_

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

Did your Juniors create awareness of the Children of Warriors National Presidents Scholarship?

Yes \_\_\_ No \_\_\_ How? \_\_\_\_\_

Did your Juniors make any donations this year? Yes \_\_\_ No \_\_\_ How much? \_\_\_\_\_

To Whom? \_\_\_\_\_

How many hours did your Juniors volunteer this year? \_\_\_\_\_

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

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

How many Juniors participated in one of the virtual Junior member trainings? \_\_\_\_\_

What activities did they find informative and fun? \_\_\_\_\_

How many Juniors attended District Junior Conference? \_\_\_\_\_

How many Juniors attended Department Junior Conference?

How many Juniors attended the Junior Fun Weekend at Legionville? \_\_\_\_\_

What activities did they find informative and fun? \_\_\_\_\_

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

Mail completed report to your District Junior Activities Chairman.





Department of Minnesota
2023-2024 Unit Annual Report Form
Leadership

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Did members attend Department/District leadership workshop yes or no?

Did any Members from your Unit attend National Mission Training? Yes or no If so, how many members went? \_\_\_\_\_

Did your Unit 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)

Did you submit a candidate for Unit Member of the Year? \_\_\_\_\_

How many members attended the following?

- 1. Breakout sessions at the 2022-23 Convention \_\_\_\_\_
2. How many attended the Mid-Winter \_\_\_\_\_
3. How many attended other District Meetings \_\_\_\_\_
4. 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

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

If you are submitting a narrative for any National, Department or Chairman Award you MUST follow all directions and entry must be received electronically on or before the due date. Send this Unit Year-End Report form and narrative, to the District Chairman no later than April 15 also included the department Leadership chairman Karla Otterness at t.d.news2share@gmail.com



Department of Minnesota
2023-2024 Unit Annual Report Form
Legislation

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Did unit members visit the American Legion's Legislative website to keep current on legislative priorities? [ ] Yes [ ] No

Did members of your unit subscribe to the American Legion's legislative action alerts? [ ] Yes [ ] No

Did members of your unit download and review the American Legion Auxiliary Advocacy Guide? [ ] Yes [ ] No

Did your unit host a meet the candidate night in your community? [ ] Yes [ ] No
If so, write a note on what you did:

Three horizontal lines for writing a note.

Did members of your unit attend the 2024 Veterans Day on the Hill? [ ] Yes [ ] No

How many members attended? \_\_\_\_\_

Did members meet with a representative while at an event? \_\_\_\_\_

If so, how many? \_\_\_\_\_

Did members of your unit contact representatives this year?

Who was contacted?

Horizontal line separator.

How were they contacted? [ ] Phone [ ] Email [ ] Letter [ ] In person

Did they hear back from the representative? [ ] Yes [ ] No

Did you fill out a congressional contact report form for a meeting? [ ] Yes [ ] No

Did your unit do an event or educate members in January for Legislation month? [ ] Yes [ ] No

If so, what did you do?

Horizontal line separator.

Please use another sheet if you have anymore to share about your Legislative program this year that was not asked above.

Mail completed report to your District Legislation Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Memorial

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chaplain's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

1. Number of deceased members in your Unit: Seniors \_\_\_\_\_ Juniors \_\_\_\_\_
Gold Star Mothers \_\_\_\_\_ Charter Members \_\_\_\_\_

2. Did your Unit host some type of ceremony to honor deceased members (Memorial Service, Draping of the Charter, etc?) Please explain:
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

3. Did your Unit receive or donate Memorials? Please explain and include total dollar amount:
\$ \_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

4. What else did your Unit do in the Memorial Program? Please explain: (Suggestions: offer prayer at meetings & events; visit sick & shut in members; sent cards & letters to sick & bereaved members of the American Legion Family; encourage prayer on special occasions & for our military personnel & their families; hold joint services with Legionnaires & SAL for Memorial Day, etc.)
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

Please continue on an additional page if needed.

Mail completed report to your District Chaplain.



DEPARTMENT OF MINNESOTA  
2023-2024 UNIT DECEASED MEMBER LISTING

UNIT NUMBER \_\_\_\_\_

DISTRICT NUMBER \_\_\_\_\_

Please list in alphabetical order by Unit, the names of the deceased members of your Unit for the Auxiliary year from April 1, 2023 to March 31, 2024 (Indicate if Senior or Junior, if Gold Star or Charter member. List the highest office held at National, Department, District or Unit level. Verify correct spelling of all names.)

Unit # Location	Name	Senior	Junior	Gold Star	Charter Member	Highest Office Held	Date of Death

Email/mail to Department Office.



Department of Minnesota
2023-2024 Unit Annual Report Form
National Security

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Please check all that your Unit participated in:

- 1. 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 (750 letters max).

- 2. 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 (750 letters max).

- 3. How many applications for "Salute to Servicemembers Award" did you submit?
4. Did you use the DPAA (Defense POW/MIA Accounting Agency) site? Explain what you used it for on a separate piece of paper (750 letters max).
5. What did your Unit 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 (750 letters max).
6. Do you have a POW/MIA or Missing Man table displayed at your Post Home?

Mail completed report to your District National Security Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Past Presidents Parley

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

- 1. Does your Unit have a Past Presidents Parley?
2. Was it new this year? Reorganized this year
3. Did your Unit submitted an application for the Unit Member of the year Award?
4. Did your Unit submitted application(s) for the Past Presidents Parley Health Care Scholarship? If yes how many
5. Did your Unit recognized female Veterans or assist them throughout the year? If YES please explain how this was done

(please use back if more space is needed)

- 6. Did your Unit nominated an active duty servicewoman? If YES, how many and what branch of service were represented?

(please use back if more space is needed)

- 7. Please use this space to include any other information about your Past Presidents Parley you would like to share.

(please use back if more space is needed)

Mail completed report to your District Past Presidents Parley Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
Poppy

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

- 1. Number of large poppies ordered \_\_\_\_\_
2. Number of small poppies ordered \_\_\_\_\_
3. Was this an increase over last year? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Number of poppy cards displayed by your Unit \_\_\_\_\_
5. Did your Unit sponsor a Little Miss Poppy contest Yes \_\_\_\_\_ No \_\_\_\_\_
6. Did your Unit sponsor a Poppy Poster contest Yes \_\_\_\_\_ No \_\_\_\_\_
7. Did you send a poppy to elected officials? Yes \_\_\_\_\_ No \_\_\_\_\_
8. What were the total donations received from your poppy drive this year? \_\_\_\_\_
9. How many members of the Legion family assisted with your Poppy drive? \_\_\_\_\_

How did your Unit promote the Poppy program and increase revenue?

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

Did your Unit celebrate National Poppy Day?

Did your unit help in the increase of Poppy Makers in your community? What did your unit do?

Mail completed report to your District Poppy Chairman.



**Department of Minnesota**  
**2023-2024 Unit Annual Report Form**  
**Public Relations**

Unit Number \_\_\_\_\_ Unit Location \_\_\_\_\_ District Number \_\_\_\_\_

\_\_\_\_\_  
 Name of Unit                                      Unit Chairman's Name      # Paid Members (as of report)

**Newsletter:**

Does your Unit have a newsletter?  Yes  No                      E-Bulletin?  Yes  No  
 Joint Publication with Post?  Yes  No

Did you Unit give a gift subscription to the Auxiliary magazine to business/facility in your community?  Yes  No

**Social Media:**

	Does your unit have any of the following?	Is this a new account this year?	If not, how many years have you had this account? Also list the URL.
Website	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Facebook Page	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
YouTube Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
"X" (Twitter) Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Instagram Account	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

**Media:**

Was your unit was mentioned in local media?  Yes  No

# of times via print? \_\_\_\_\_  
 # of times via television/cable? \_\_\_\_\_  
 # of times via radio? \_\_\_\_\_

How many times did you meet with reporters? \_\_\_\_\_ How many letters of appreciation did your unit send? \_\_\_\_\_

Did you utilize any of the resources available on the National website?  Yes  No

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

**Brand Loyalty:**

How did your unit members work to build the image of the American Legion Auxiliary in your community?

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

Mail completed report to your District Americanism Chairman.





Department of Minnesota
2023-2024 Unit Annual Report Form
Risk and Compliance

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Treasurer \_\_\_\_\_ Unit Membership \_\_\_\_\_

Does your unit have a checking/savings account? \_\_\_\_\_

How many signatures are required on checks? \_\_\_\_\_

Do you complete an annual audit? \_\_\_\_\_

Have you filed your annual 990? \_\_\_\_\_

Mail completed report to your District Risk and Compliance Chairman.



Department of Minnesota
2023-2024 Unit Annual Report Form
VA&R

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Service for Veterans and Military:

- 1. Total number of hours Unit Members volunteered for service to Veterans & Military
2. Total Dollars spent Veterans and Military
3. Total number of veterans/military served
4. Total number of "Veterans in Community Schools" presentations
5. Total value of in kind donations\*
6. Did you unit donate poppies to Veterans to spread Veteran awareness?
7. Did your unit participate in the Homeless Veterans and Minnesota Stand Down programs?
8. How many Veterans /their families were assisted?
9. How many Volunteers participated in these events?
9. NARRATIVE to include any details or additional information:
- Please tell about your favorite project(s) this year with as much detail and as many pictures as possible.
- Suggestions of items that may be included in the "Narrative" if applicable:
VA Voluntary Service members in your unit; Homeless veterans your unit helped; Stand Down participation; Veterans adopted by your unit; Support veterans through arts, crafts and hobbies; Participation in the MN Creative Arts Festivals; Job fairs for veterans; etc.

\*Estimated cash value of non-cash donations from NON-MEMBERS of goods (like paper goods, clothing) or services (pro-bono CPA or legal services from a local firm)

Mail completed report to your District VA&R Chairman.





Department of Minnesota
2023-2024 Unit Annual Report Form
Gift Shop

Unit Number \_\_\_\_\_ Name of Town \_\_\_\_\_ District Number \_\_\_\_\_

Name of Unit \_\_\_\_\_ Unit Chairman's Name \_\_\_\_\_ Unit Membership \_\_\_\_\_

Volunteer hours at the Gift Shop: \_\_\_\_\_

Dollars spent: \_\_\_\_\_

Veterans helped at the Gift Shop: \_\_\_\_\_

In story form explain your experience helping at the Gift Shop:

Large rectangular area with horizontal lines for writing a story.

Mail completed report to the Department Gift Shop Chairman,
Beverly Grose, 1606 Havens Moor, Sauk Rapids, MN 56379