

District Chairman

This year the Units will be sending their Annual Reports directly to the District Chairman. Unit reports are due to the District Chairman on or before **April 15<sup>th</sup>, 2025**. The District Chairman must have their report to the Department Chairman on or before **April 30<sup>th</sup>, 2025**.

Included in this mailing are the following:

District Annual Reports (program specific)

Unit Annual Report (program specific)

Certificates of Merit Recommendation Form

### **District Annual Report Form**

District Chairman are to fill this form out completely and mail/email to the Department Chairman. The Department Chairman's contact information is at the bottom of the form. Keep a copy of what you submit to the Department Chairman.

### **Unit Annual Report**

This is for your reference only.

### **GUIDELINES FOR SELECTING CERTIFICATE OF MERIT WINNERS**

Americanism

Auxiliary Emergency Fund

Children and Youth

Community Service

Education

History (both Senior and Junior)

Junior Activities

Leadership

Legislative

National Security

Past Presidents Parley

Poppy

Public Relations

Veterans Affairs and Rehabilitation

Each District Chairman of the programs listed above should send a list of **recommendations** for consideration to the Department Chairman. Include copies of the Annual Reports for the Units that have been recommended. Due to Department Chairman **April 30, 2025**.

Certificates of Merit will be awarded to those Units with **OUTSTANDING PROGRAMS**. If you have any questions regarding this, please contact the Department Office.

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**HISTORIAN** (only): Please use the following Junior membership categories for Certificates of Merit when judging the **Junior** History reports.

#### **1. Junior History report membership categories:**

- a. Up to 10 certificates to Junior groups with membership of 1-15.
- b. Up to 10 certificates to Junior groups with membership of 16-30.
- c. Up to 10 certificates to Junior groups with membership of 31-45.
- d. Up to 10 certificates to Junior groups with membership of 46 and up.
- e. Up to 5 additional certificates, if warranted, regardless of Junior membership classification. These 5 regardless of Junior membership are not mandatory and are selected by you only if you feel there are additional Junior groups that should receive a Certificate of Merit, over and above the 10 you have already selected in that membership category.

#### **2. Recommendations due to the Department Chairman on or before April 30th. Include copies of the Junior History for the Units that have been recommended.**



# American Legion Auxiliary

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

DATE: January 3, 2025  
FROM: Christie Avant, Department Secretary  
TO: District Chairmen  
RE: Certificates of Merit Recommendation

Please complete the following form and forward to the Department Chairman with your District Annual Report. Please remember the Department Chairman will only award Certificates of Merit to the Units deserving of receiving recognition for their efforts in your program. For the Units you are recommending, send the submitted Annual Report with this form to the Department Chairman **by April 30, 2025**.

Name of Program \_\_\_\_\_

Name of Chairman \_\_\_\_\_ District \_\_\_\_\_

Units (50 and under membership)

Number Location

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Units (101-200 membership)

Number Location

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Units (51-100 membership)

Number Location

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Units (201 and greater membership)

Number Location

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Units (regardless of membership – up to only 2 in this category)

1. \_\_\_\_\_
2. \_\_\_\_\_

**American Legion Auxiliary Department of Minnesota**

State Veterans Service Bldg. - 20 W. 12<sup>th</sup> St. Suite #314 – St. Paul, MN 55155 | P: (651) 224-7634 | F: ((651) 224-5243 | (888) 217-9598  
[deptoffice@mnala.org](mailto:deptoffice@mnala.org) | Website: [www.mnala.org](http://www.mnala.org)



**Department of Minnesota**  
**2024-2025 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 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,**  
**Kollett Kaehlert, 1943 Sheridan Court, North Mankato, MN 56003**  
**kkaehlertaux@gmail.com**



**Department of Minnesota**  
**2024-2025 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 AEF Chairman,  
Brandi Christensen, 15780 30th Street, Watertown, MN 55388  
brandichristensen21@gmail.com



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Children and Youth**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # of Units in District Reporting \_\_\_\_\_

District Children and Youth Chairman's Name \_\_\_\_\_

	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		
Totals		



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Children and Youth**

Did Units in your District set up a Military Children Tables with an explanation of the items on the table?

How many Youth Hero Awards did your District give out?

How many Good Deed Awards did your District give out?

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

**Mail completed report to the Department Children & Youth Chairman,  
Anne Steffen, 3018 127th Lane NW, Coon Rapids, MN 55448  
annesteffen320@gmail.com**





**Department of Minnesota**  
**2024-2025 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,  
Becky Olson, 3610 90th Avenue N, Moorhead, MN 56560  
rgilbertyo21@gmail.com**



**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,  
Marsha Bible, 5602 West Oakes Drive, St Cloud, MN 56303  
marsha.bible@gmail.com**





**Department of Minnesota**  
**2024-2025 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
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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,**  
**Sharon Voltz, 828 NE 1st Ave, Grand Rapids, MN 55744**  
**sharon.voltz63@gmail.com**



**Department of Minnesota**  
**2024-2025 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



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**History**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # of Units in District Reporting \_\_\_\_\_

District Historian's Name \_\_\_\_\_

How many units reported on unit's history? \_\_\_\_\_

How many units reported a junior unit's history? \_\_\_\_\_

How many units participated in the Veterans History Project? \_\_\_\_\_

What are some events that stood out in Unit Histories?

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Please share methods you used to promote the importance of keeping a thorough and complete record of activities and accomplishment in your district this year.

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How else was the History program promoted this year?

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Mail completed report to the Department Historian,  
Patti Coleman, 231 Stardust Blvd., Circle Pines, MN 55014



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Leadership**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # of Units in District Reporting \_\_\_\_\_

District Leadership Chairman's Name \_\_\_\_\_

How 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. Breakout sessions at the 2023-24 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

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Mail completed report to the Department Leadership Chairman,  
Carol Kottom, 1909 Goldfinch Dr, Buffalo, MN 55323  
ckakottom@gmail.com





**Department of Minnesota**  
**2024-2025 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?

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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How else was the Legislation program promoted this year?

**Mail completed form to the Department Legislative Chairman,**  
**Linda Kelly, 17670 511<sup>th</sup> Street, Pine Island, MN 55963**  
**lkkauxiliary@gmail.com**





**Department of Minnesota**  
**2024-2025 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?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**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,  
Jean Walker, 426 E Ross Avenue, Warren, MN 56762  
jmwalker1992@hotmail.com



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Memorial**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # of Units in District Reporting \_\_\_\_\_

District Chaplain's Name \_\_\_\_\_

1. Number of deceased member in your Units: Seniors \_\_\_\_\_ Juniors \_\_\_\_\_

Gold Star Mothers \_\_\_\_\_ Charter Members \_\_\_\_\_

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

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

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4. What else did your Units 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.*)

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Please continue on additional page if needed.

<b>Mail completed report to the Department Chaplain, Vida Bacon, 110 N Payne Street, New Ulm, MN 56073</b>
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**Department of Minnesota**  
**2024-2025 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,  
Mary Kuperus, 313 Pine Street SW, New London, MN 56273  
[wmkuperus@tds.net](mailto:wmkuperus@tds.net)



**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Past Presidents Parley**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # 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 applications? \_\_\_\_\_
5. How many Units recognized female Veterans or assisted them throughout the year?  
\_\_\_\_\_. Explain what and how \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 6.. How many Presidents Parleys sponsored or did something as a Parley? \_\_\_\_\_ What?

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7. How many Units' Past President members were active in their Units? \_\_\_\_\_

Tell their story on the back of this form.

**All entries are to be sent to the Department Past Presidents Parley Chairman.**  
**Shirley Frederick, 3271 1<sup>st</sup> St NW, Hackensack, MN 56452**





**Department of Minnesota**  
**2024-2025 District Annual Report Form**  
**Poppy**

District # \_\_\_\_\_ # of Units in District \_\_\_\_\_ # of Units in District Reporting \_\_\_\_\_

District Poppy Chairman's Name \_\_\_\_\_

1. Number of large poppies ordered in your District \_\_\_\_\_
2. Number of small poppies ordered in your District \_\_\_\_\_
3. Was this an increase over last year? Yes \_\_\_\_\_ No \_\_\_\_\_
4. Number of Units that displayed Poppy cards \_\_\_\_\_
5. Number of Units that sponsored a Little Miss Poppy contest \_\_\_\_\_
6. Number of Units that sponsored a Poppy Poster contest \_\_\_\_\_
7. Number of Units that presented a poppy to elected officials \_\_\_\_\_
8. What were the total donations received in your district from their poppy drive this year?  
\_\_\_\_\_
9. How many members of the Legion family assisted with your Poppy drives in your district?  
\_\_\_\_\_

How did Units promote the Poppy program and increase revenue?

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

How many Units celebrated National Poppy Day?

What did units in your district do to help in the increase of Poppy Makers in your community? What did they do?

***Send completed report to the Department Poppy Chairman,  
Lorinda Kies, 2177 Arnold Palmer Dr. Blaine, MN 55449  
lkies38@comcast.net***





**Department of Minnesota**  
**2024-2025 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,  
Cari Lamb, 3217 19<sup>th</sup> Ave S, Apt 1, Minneapolis, MN 55407  
crlamb74@gmail.com



**Department of Minnesota**  
**2024-2025 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,  
Cheryl Schauman, 54037 210<sup>th</sup> Street, Grove City, MN 56243  
cherylschauman@gmail.com**



**Department of Minnesota**  
**2024-2025 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.

**Mail this completed report Department VA&R Chairman Robin Dorf  
PO Box 1236, Monticello MN 55362**

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