



*American Legion Auxiliary
VA&R Unit Year-End Report
2016-2017*



Unit # _____, Unit Name _____

Chairmen or President's Name _____ Phone # _____

✓ How many Members participated in Caregiver Support? _____

✓ What activities were performed? _____

✓ How many Members participated in Service to Veterans? _____

✓ How many hours were earned? _____

✓ What activities were performed? _____

✓ Did your Unit participate or organize a Stand Down? _____

✓ What activities were performed? _____

✓ How many Veterans were served? _____

**Each Unit VA&R Chairman is required to submit a Report to
District VA&R Chairman by April 1, 2017.**



American Legion Auxiliary VA&R District Year-End Report 2016-2017

District # _____, District President's Name _____

Chairman's Name _____ Phone # _____

- ✓ How many Units participated in Caregiver Support? _____
- ✓ What activities were performed? _____

- ✓ How many Units participated in Service to Veterans? _____
- ✓ How many hours were earned? _____
- ✓ What activities were performed? _____

- ✓ Did your District participate or organize a Stand Down? _____
- ✓ What activities were performed? _____

- ✓ How many Veterans were served? _____

**Each District VA&R Chairman is required to submit a Report to
Department VA&R Chairman by April 15, 2017.**

When completed, send this and all Unit reports to:

***Mail to: Michele DeGennaro,
9401 Sunshine Blvd, New Port Richey, 34654***