



*American Legion Auxiliary
VA&R Unit Mid-Year 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 December 1, 2016**