American Legion Auxiliary  
Department of Florida

2019 - 2020  
District Year-End Report  
Due to your Department Community Service Chairman by April 15, 2020

Name ____________________________________________

Address and Phone Number ____________________________________________

______________________________________________ District Number __________

What types of Community Service activities and/or projects were done in your Unit?

______________________________________________

______________________________________________

What was the number of volunteers completing Community Service activities and/or projects?

______________________________________________

What was the number of volunteer hours completed by members for Community Service activities and/or projects?

______________________________________________

How much money was spent on Community Service activities and/or projects?

______________________________________________

Value of in-kind donations received for Community Service activities and/or projects?

______________________________________________

Did members volunteer for or organize service projects for any ALA suggested National Days of Service? If so, please list which ones. ____________________________________________

______________________________________________

Please use additional sheet of paper as needed.