

American Legion Auxiliary
Department of Florida

2019 - 2020

Unit Mid-Year Report

Due to your District Community Service Chairman by Dec. 1, 2019

Committee Chairman Name _____

Address and Phone Number _____

_____ Unit Number and Location _____

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 if needed.