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 is needed.