

American Legion Auxiliary
VA&R District Mid-Year Report

2019-2021

District # _____ District President's Name _____

District Chairman's Name _____ Phone # _____

❖ How many Units participated in Caregiver Support Program? _____

❖ 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 December 15, 2020***

When completed, send this and all Unit reports to:

Jane Hardacre, 7334 Columns Circle Apt 208, Trinity, FL 34655