

American Legion Auxiliary
VA&R Unit Mid-Year Report

2019-2021

Unit # _____ Unit Name _____

Unit Chairman's Name _____ Phone # _____

❖ How many members participated in Caregiver Support Program? _____

❖ 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, 2020*