

**American Legion Auxiliary - Department of California**

**Unit Chaplain Mid-Year Report Form 2017-2018**

Unit Name and # \_\_\_\_\_ District # \_\_\_\_\_

Chaplain's Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone # \_\_\_\_\_ Email \_\_\_\_\_ No. of Members \_\_\_\_\_

|  |                        |                          |                   |                          |
|--|------------------------|--------------------------|-------------------|--------------------------|
| 1. Number of deceased Members in Unit  | Srs.                   | Jrs.                     | Gold Star Mothers |                          |
| Has a Member Data Form for each deceased member been sent to the Department Office?                    |                        |                          |                   |                          |
| 2. Did your Unit hold Memorial Services?   | Yes                    | <input type="checkbox"/> | No                | <input type="checkbox"/> |
| 3. Did your Unit Drape your Unit Charter?  | Yes                    | <input type="checkbox"/> | No                | <input type="checkbox"/> |
| 4. Did your Unit donate to the Department "In Loving Tribute" fund?                                    | Yes                    | <input type="checkbox"/> | No                | <input type="checkbox"/> |
| Total amount of Unit donations to "In Loving Tribute"  | Amount \$              |                          |                   |                          |
| 5. Did your Unit participate in following Patriotic Holidays? Include number of members participating. |                        |                          |                   |                          |
| Memorial Day _____   | Independence Day _____ | Sept 11th _____          |                   |                          |
| Veterans Day _____   | Flag Day _____         | Other _____              |                   |                          |
| 6. Did your Unit send cards for various occasions?   | Total Cards            |                          |                   |                          |
| 7. Did your Unit include juniors in your activities?   | Yes                    | <input type="checkbox"/> | No                | <input type="checkbox"/> |
| 8. Is your Unit sending a Chaplain's <b>SUPPLEMENTAL report</b> ?                                      | Yes                    | <input type="checkbox"/> | No                | <input type="checkbox"/> |

**Please attach a brief written SUPPLEMENT on your Unit's activities and send this and the Supplemental report to the District Chaplain no later than December 1, 2017**

See the reverse side of this form for the name and address of the District Chaplain

Send to the District President if there is no District Chaplain for your District

